

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N02000001591

FILED
Apr 30, 2003
Secretary of State

Entity Name: MULTICULTURAL ADULT CENTER, INC.

Current Principal Place of Business:

2605 S PARSONS AVE
SEFFNER, FL 33584

New Principal Place of Business:

Current Mailing Address:

2605 S PARSONS AVE
SEFFNER, FL 33584

New Mailing Address:

FEI Number: 65-1184378

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KOSAN, RICHARD R ESQ.
1104 N PARSONS AVE, STE C
BRANDON, FL 33510 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: T () Change (X) Addition
Name: GONZALEZ, GABRIEL A
Address: 711 SUNBRIGHT DR.
City-St-Zip: SEFFNER, FL 33584 US

Title: D () Change (X) Addition
Name: GONZALEZ, CARMEN
Address: 2605 S, PARSONS AVE
City-St-Zip: SEFFNER, FL 33584 US

Title: T () Change (X) Addition
Name: GONZALEZ, LESTER A
Address: 3104 RIPPLEWOOD DR.
City-St-Zip: SEFFNER, FL 33584 US

Title: T () Change (X) Addition
Name: GONZALEZ, YEZENIA
Address: 709 SUNBRIGHT DR.
City-St-Zip: SEFFNER, FL 33584 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CARMEN GONZALEZ

D

04/30/2003

Electronic Signature of Signing Officer or Director

Date