

FILED
Sep 04, 2003 8:00 am
Secretary of State

5/27

05-27-2003 90166 016 ****61.25

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # N02000004036

1. Entity Name

UNIDOS POR LA VIDA, INC.



Principal Place of Business

1320 SW 1 TERR
POMPANO BEACH FL 33060

Mailing Address

1320 SW 1 TERR
POMPANO BEACH FL 33060

2. Principal Place of Business

1320 SW 1 TERR

3. Mailing Address

1320 SW 1 TERR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

POMPANO Bch FL

City & State

POMPANO Bch FL

4. FEI Number

51-435663

Applied For

Not Applicable

Zip

33060

Country

USA

Zip

33060

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CAIN, MOYA

1320 SW 1 TERR

POMPANO BEACH FL 33060

Name

KERRY TORRENGA

Street Address (P.O. Box Number is Not Acceptable)

1320 SW 1 TERR

City

POMPANO Bch

FL

Zip Code

33060

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Kerry E. Torrenge

Signature, typed or printed name of registered agent if applicable

(NOTE: Registered agent signature required when reappointing)

5-20-03

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
President
TORRENGA, IRENE
1320 SW 1 TERR
POMPANO BEACH FL 33060

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
KERRY TORRENGA
1320 SW 1 TERR
POMPANO Bch FL 33060

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Vice President
TORRENGA, RENZO
1320 SW 1 TERR
POMPANO BEACH FL 33060

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Registered Agent

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Secretary
GARCIA, LILIANA
4050 OPALOCKA BLVD
N MIAMI FL 33168

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Treasurer
ZUNIGA, PATRICIA
8251 SW 30TH ST
MIRAMAR FL 33023

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
C
CAIN, MOYA
1320 SW 1 TERR
POMPANO BEACH FL 33060

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

5-20-03

783 0522

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

CR2ED07 (10/02)