

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N02000004328

FILED
Apr 28, 2003
Secretary of State

Entity Name: ASOCIACION MULTICULTURAL DE APOYO FAMILIAR, INC.

Current Principal Place of Business:

PO BOX 134
DELEON SPRINGS, FL 32140

New Principal Place of Business:

Current Mailing Address:

PO BOX 134
DELEON SPRINGS, FL 32140

New Mailing Address:

FEI Number: 48-1280486 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORTES, ALFREDO
2860 VALLEY FORGE RD
DELAND, FL 32720

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:

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D () Change (X) Addition
Name: CORTES, CATHERINE L
Address: 2860 VALLEY FORGE ROAD
City-St-Zip: DELAND, FL 32720

Title: D () Change (X) Addition
Name: SULLINGER, KATHLEEN
Address: 1330 NIATROSS LANE
City-St-Zip: ASTOR, FL 32102

Title: T () Change (X) Addition
Name: RUBIO, MARISOL
Address: P.O. BOX 1201
City-St-Zip: PIERSON, FL 32180

Title: P () Change (X) Addition
Name: CORTES, ALFREDO
Address: 2860 VALLEY FORGE ROAD
City-St-Zip: DELAND, FL 32720

Title: V () Change (X) Addition
Name: ZAMORA, PABLO
Address: 1249 S. US HIGHWAY 17
City-St-Zip: PIERSON, FL 32180

Title: S () Change (X) Addition
Name: POLICKE, LETICIA
Address: 2340 POINSETTIA DRIVE
City-St-Zip: ORANGE CITY, FL 32763

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: ALFREDO CORTES

P

04/28/2003

Electronic Signature of Signing Officer or Director

Date

ALLISON MULLEN (D)
P.O. BOX 1907
DELEON SPRINGS, FL 32130

MAGDALENA FUENTES (D)
1249 S. US HIGHWAY 17
PIERSON, FL 32180

ALLISON MULLEN (D)
P.O. BOX 1907
DELEON SPRINGS, FL 32130

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1249 S. US HIGHWAY 17
PIERSON, FL 32180

MAGDALENA FUENTES (D)