

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

FILED
Feb 20, 2003 8:00 am
Secretary of State

02-20-2003 90121 017 ****61.25

DOCUMENT # N02000004605

1. Entity Name

LATIN AMERICAN VOTERS ASSOCIATION OF BROWARD COUNTY, INC.



Principal Place of Business
**7818 NW 17TH PLACE
PEMBROKE PINES FL 33024**

Mailing Address
**7818 NW 17TH PLACE
PEMBROKE PINES FL 33024**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

Applied for 1/23/03

Applied For

Not Applicable

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

**LOPEZ, JOSE
7818 NW 17TH PLACE
PEMBROKE PINES FL 33024**

Name

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

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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	PD	<input type="checkbox"/> Delete
NAME	LOPEZ, JOSE	
STREET ADDRESS	7818 NW 17TH PLACE	
CITY-ST-ZIP	PEMBROKE PINES FL 33024	
TITLE	VD	<input type="checkbox"/> Delete
NAME	RIVERA, DYMARI	
STREET ADDRESS	7818 NW 17TH PLACE	
CITY-ST-ZIP	PEMBROKE PINES FL 33024	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CORRY, LAURA	
STREET ADDRESS	7818 NW 17TH PLACE	
CITY-ST-ZIP	PEMBROKE PINES FL 33024	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	SAVCEDO, CELINA	
STREET ADDRESS	7818 NW 17TH PLACE	
CITY-ST-ZIP	PEMBROKE PINES FL 33024	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	RODRIGUEZ, RICK	
STREET ADDRESS	7818 NW 17TH PLACE	
CITY-ST-ZIP	PEMBROKE PINES FL 33024	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Marilyn Soltanipour	
STREET ADDRESS	7818 NW 17th place	
CITY-ST-ZIP	Pembroke Pines, FL 33024	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Tony Salgado	
STREET ADDRESS	7818 NW 17th place	
CITY-ST-ZIP	Pembroke Pines, FL 33024	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Patty Good	
STREET ADDRESS	7818 NW 17th place	
CITY-ST-ZIP	Pembroke Pines, FL 33024	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Terri Castellano	
STREET ADDRESS	7818 NW 17th place	
CITY-ST-ZIP	Pembroke Pines, FL 33024	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)