

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N02000005058

FILED
Apr 25, 2003
Secretary of State

Entity Name: LATINAS UNIDAS INC.

Current Principal Place of Business:

29771 SOUTHWEST 164 COURT
HOMESTEAD, FL 33033

New Principal Place of Business:

29771 SOUTHWEST 164 COURT
HOMESTEAD, FL 33030

Current Mailing Address:

P.O BOX 901603
HOMESTEAD, FL 330901603

New Mailing Address:

FEI Number: 02-0627141

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MEDINA, MILAGROS
29771 SW 164 CT
HOMESTEAD, FL 33033 US

Name and Address of New Registered Agent:

MEDINA, MILAGROS
29771 SW 164 CT
HOMESTEAD, FL 33030 US

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: MILAGROS MEDINA

04/25/2003

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MEDINA, MILAGROS
Address: P.O BOX 901603
City-St-Zip: HOMESTEAD, FL 330901603

Title: D () Delete
Name: GEORGE, SHERRY
Address: P.O BOX 901603
City-St-Zip: HOMESTEAD, FL 330901603

Title: D () Delete
Name: SEAMAN, ANDREW
Address: P.O BOX 901603
City-St-Zip: HOMESTEAD, FL 330901603

Title: D () Delete
Name: GUZMAN, UBE
Address: P.O BOX 901603
City-St-Zip: HOMESTEAD, FL 330901603

Title: D () Delete
Name: GARCIA, ALVARO
Address: P.O. BOX 901603
City-St-Zip: HOMESTEAD, FL 330901603

Title: D () Delete
Name: MEDINA, JESSICA
Address: P.O. BOX 901603
City-St-Zip: HOMESTEAD, FL 330901603

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: ALVARO GARCIA

D

04/25/2003

Electronic Signature of Signing Officer or Director

Date