

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

FILED
Jan 08, 2003 8:00 am
Secretary of State

01-08-2003 90132 038 ****61.25

DOCUMENT # N07537

1. Entity Name

**LATVIAN RELIEF ASSOCIATION OF FLORIDA - DAUGAVAS
VANAGI, INC.**



Principal Place of Business

**7665 SUN ISLAND DR. #208
S. PASADENA FL 33707**

Mailing Address

**7665 SUN ISLAND DR. #208
S. PASADENA FL 33707**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **59-2546885**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

60002192



☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**VIRZINS, EDGARS
7665 SUN ISLAND DR., #208
S. PASADENA FL 33707**

7. Name and Address of New Registered Agent

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

TITLE **PD** ☐ Delete
NAME **PRINCIS, SKAIDRITE**
STREET ADDRESS **4720 LOCUST ST. NE**
CITY-ST-ZIP **ST. PETERSBURG FL**

TITLE **TD** ☐ Delete
NAME **VIRZINS, EDGARS**
STREET ADDRESS **7665 SUN ISLAND DR. #208**
CITY-ST-ZIP **S. PASADENA FL**

TITLE **SD** ☐ Delete
NAME **VIRZINS, ASTRIDA**
STREET ADDRESS **7665 SUN ISLAND DR. #208**
CITY-ST-ZIP **S. PASADENA FL**

TITLE **D** ☐ Delete
NAME **VEINBERGS, ZENIJA**
STREET ADDRESS **1346 BOCA CIEGA ISLE DR**
CITY-ST-ZIP **ST PETE BCH FL**

TITLE **D** ☐ Delete
NAME **RICHTERS, MILDA**
STREET ADDRESS **1200-N. SHORE DR. N.E.**
CITY-ST-ZIP **ST. PETERSBURG, FL'**

TITLE **D** ☐ Delete
NAME **KALNINS, RUTA**
STREET ADDRESS **797 - 34 AVENUE N.E.**
CITY-ST-ZIP **ST. PETERSBURG FL**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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

VIRZINS, EDGARS

01-7-03

727-367-5979

CR2E037 (10/02)