

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N32001

1. Entity Name

MIGRANT ASSOCIATION OF SOUTH FLORIDA, INC.

**FILED**  
**Jan 18, 2000 8:00 am**  
**Secretary of State**

01-18-2000 90173 037 \*\*\*\*61.25

Principal Place of Business

Mailing Address

8645 W BOYNTON BEACH BLVD  
BOYNTON BEACH FL 33437  
US

8645 W BOYNTON BEACH BLVD  
BOYNTON BEACH FL 33437-4415  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0149423

Applied For

Not Applicable

Zip

Country

Zip

Country

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

ASENSIO, CARIDAD  
1345 N.E. 5TH AVENUE  
BOCA RATON FL 33432

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstalling)

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  
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete  
NAME ASENSIO, CARIDAD  
STREET ADDRESS 1345 N.E. 5TH AVENUE  
CITY-ST-ZIP BOCA RATON FL

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

TITLE VPD ☐ Delete  
NAME BERRY, CONSTANCE  
STREET ADDRESS 1837 N. CONGRESS AVE  
CITY-ST-ZIP W. PALM BEACH FL

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 3372 FOREST HILL BLVD, C-141  
CITY-ST-ZIP W. PALM BEACH, FL 33406

TITLE VP ☒ Delete  
NAME HOYE, EILEEN  
STREET ADDRESS 4333 N. OCEAN BLVD.  
CITY-ST-ZIP DELRAY BEACH FL 33483

TITLE ☐ Change ☒ Addition  
NAME  
STREET ADDRESS TREASURER / DIRECTOR  
CITY-ST-ZIP SNELLING, LINDA  
4800 N. FEDERAL HWY, # 200E  
BOCA RATON, FL 33431

TITLE BM ☒ Delete  
NAME CHRISTIE, ROY  
STREET ADDRESS 1200 S. OCEAN BLVD. 9F  
CITY-ST-ZIP BOCA RATON FL 33487

TITLE ☐ Change ☒ Addition  
NAME  
STREET ADDRESS SECRETARY / DIRECTOR  
CITY-ST-ZIP MAINGOT, DAPHNE  
399 N.W. BOCA RATON BLVD  
BOCA RATON, FL 33432

TITLE BM ☐ Delete  
NAME RALPH, DON  
STREET ADDRESS 2501 SO. FEDERAL HIGHWAY  
CITY-ST-ZIP DELRAY BEACH FL

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

TITLE SD ☒ Delete  
NAME CUTAIA, SUSAN D  
STREET ADDRESS 75329 LONDON LANE  
CITY-ST-ZIP BOCA RATON FL 33433

TITLE ☐ Change ☒ Addition  
NAME  
STREET ADDRESS BOARD MEMBER  
CITY-ST-ZIP GLOVER, JOHN  
301 CRAWFORD BLVD, #100  
BOCA RATON, FL 33432

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:

*Caridad ASENSIO*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ASENSIO

Date

Daytime Phone #

1/7/00 (561) 737-6336

CR2E037 (9/99)