

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N34438

1. Entity Name

LATIN AMERICAN IMMIGRANT AND REFUGEE ORGANIZATIO

FILED
Apr 18, 2000 8:00 am
Secretary of State

04-18-2000 90210 020 ****61.25

Principal Place of Business

Mailing Address

4623 FOREST HILL
 SUITE 108-2
 WEST PALM BEACH FL 33415

4623 FOREST HILL
 SUITE 108-2
 WEST PALM BEACH FL 33415-9120

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0133693

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CLEMENCIA ORTIZ
 36 BUXTON LANE
 BOYNTON BEACH, FL 33462

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

CLEMENCIA ORTIZ, EXECUTIVE DIRECTOR

APRIL 11, 2000

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
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** Delete
 NAME **CARMONA, LISA**
 STREET ADDRESS **423 FERN STREET, STE. 220**
 CITY-ST-ZIP **WEST PALM BEACH FL 33401**

TITLE **D** Change Addition
 NAME **CYNTHIA FLORES**
 STREET ADDRESS **7739 GROVEWOOD DR**
 CITY-ST-ZIP **LAKE WORTH FL 33467**

TITLE **DS** Delete
 NAME **SANTAMARIA, M**
 STREET ADDRESS **142 68 82 LN NORTH**
 CITY-ST-ZIP **LOXAHATCHEE FL 33470**

TITLE **D/T** Change Addition
 NAME **RODRIGUEZ, SHASKIA**
 STREET ADDRESS **142 68 82nd. LANE NORTH**
 CITY-ST-ZIP **LOXAHATCHEE FL 33460**

TITLE **D** Delete
 NAME **MEEHAN, ANNA C.**
 STREET ADDRESS **13533 NORTHUMBERLAND CR**
 CITY-ST-ZIP **WELLINGTON FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **M** Delete
 NAME **ORTIZ, CLEMENCIA**
 STREET ADDRESS **36 BUXTON LANE**
 CITY-ST-ZIP **BOYNTON BEACH, FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 CLEMENCIA ORTIZ** EXECUTIVE DIRECTOR APRIL 11, 2000 (561)966-4515

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)