

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**Jun 04, 2001 8:00 am**  
**Secretary of State**

05-02-2001 90031 019 \*\*\*\*70.00

**DOCUMENT # N34438**

1. Entity Name

**LATIN AMERICAN IMMIGRANT AND REFUGEE ORGANIZATION**

Principal Place of Business

Mailing Address

4623 FOREST HILL  
SUITE 108-2  
WEST PALM BEACH FL 334154623 FOREST HILL  
SUITE 108-2  
WEST PALM BEACH FL 33415

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

65-0133693

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

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 24, 2001

Signature, typed or printed name of registered agent and file 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	<input type="checkbox"/> Delete
NAME	MEEHAN, ANNA C.	
STREET ADDRESS	13533 NORTHUMBERLAND CR	
CITY-ST-ZIP	WELLINGTON FL	
TITLE	M	<input type="checkbox"/> Delete
NAME	ORTIZ, CLEMENCIA	
STREET ADDRESS	36 BUXTON LANE	
CITY-ST-ZIP	BOYNTON BEACH, FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	FLORES, CYNTHIA	
STREET ADDRESS	7739 GROVEWOOD DR	
CITY-ST-ZIP	LAKE WORTH FL 33467	
TITLE	DT	<input type="checkbox"/> Delete
NAME	RODRIGUEZ, SHASKIA	
STREET ADDRESS	142 68 82ND LANE NORTH	
CITY-ST-ZIP	LAKE WORTH FL 33460	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FORMOSO, MARIA D	
STREET ADDRESS	1257 SUMMERWOOD CIRCLE	
CITY-ST-ZIP	WELLINGTON FL 33414	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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)(b), 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 647, 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***Clemencia Ortiz, Executive Director* April 24, 2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)