

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

FILED
Apr 24, 2003 8:00 am
Secretary of State

0037136

DOCUMENT # N34438

1. Entity Name

LATIN AMERICAN IMMIGRANT AND REFUGEE ORGANIZATION, INC. (LAIRO)



Principal Place of Business

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

Mailing Address

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

11013767



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0133693**

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

**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. 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

4/15/2003

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE **D** ☐ Change ☒ Addition
NAME **Elie Caldwell**
STREET ADDRESS **519 Acure Ave.**
CITY-ST-ZIP **Wellington, Florida 33414**

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 **DT** ☐ Delete
NAME **RODRIGUEZ, SHASKIA**
STREET ADDRESS **142 68 82ND LANE NORTH**
CITY-ST-ZIP **LAKE WORTH FL 33460**

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

TITLE **D** ☒ Delete
NAME **FORMOSO, MARIA D**
STREET ADDRESS **1257 SUMMERWOOD CIRCLE**
CITY-ST-ZIP **WELLINGTON FL 33414**

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

TITLE **D** ☒ Delete
NAME **SARMIENTO, MARJORIE**
STREET ADDRESS **1814 ABBY RD APTO G-108**
CITY-ST-ZIP **WEST PALM BEACH FL 33415**

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 REQUIRED

04/15/2003 (561) 966-4515

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)