

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Jun 22, 2000 8:00 am
Secretary of State

06-22-2000 90050 009 ****70.00

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DO NOT WRITE IN THIS SPACE

DOCUMENT # 1N40087

1. Entity Name
LEAGUE OF UNITED AMERICAN CITIZENS OF
FLORIDA, INC.

Principal Place of Business Mailing Address

P.O. Box 64503
Miami, Florida 3265-4502



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

65-0333985

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

~~GARCIA, MATILDA~~
714 South Lois Ave.
Tampa, Fl. 33609

Name

ARMANDO POMAR

Street Address (P.O. Box Number is Not Acceptable)

5561 SW 136th Court

City

Miami

FL

Zip Code
33175

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

Armando V. Pomar
Signature, typed or printed name of registered agent and state if applicable.

ARMANDO V. POMAR.

(NOTE: Registered Agent signature required when reinstating.)

06/15/2000

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 NAME STREET ADDRESS CITY-ST-ZIP	D UNTERBERGER, ALAYNE 204 Forest Park Ave. Temple Terrace Fl. 33617	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GARCIA, MATILDA 714 S. Lois Avenue Tampa, Florida	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD REYES, RAFAELA 2534 Hunters Run Lane Tampa, Fl. 33617	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD NICHOLSON, ADELA 1048 40th Ave. St. Peterburg, Fl. 33703	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/C DIRECTOR ARMANDO POMAR 5561 Sw. 136 Ct. Miami, Florida	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D Secretary Randolph L. Espinet 158 SW 135 Ave Miami, Fl. 33184	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D Treasurer Caridad Diaz 12930 SW 49th Ter Miami, Fl. 33175	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

Armando V. Pomar
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

06/15/2000

Date

(305) 261-5348

Daytime Phone #

C-2E037 (9/99)