

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 08, 2000 8:00 am
Secretary of State

03-08-2000 90036 025 ****61.25

DOCUMENT # N45128

1. Entity Name
ASSOCIACION LATINOS UNIDOS DE FLORIDA, INC.

Principal Place of Business Mailing Address
P. O. BOX 242 P. O. BOX 242
LAKE PLACID FL 33852 LAKE PLACID FL 33862-0242

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.
City & State City & State

4. FEI Number **59-3090412** Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

Zip Country Zip Country



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
OJEDA, ALBERTO
231 JASMINE AVE
LAKE PLACID FL 33852

7. Name and Address of New Registered Agent
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: *[Handwritten Signature]*
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 NAME STREET ADDRESS CITY-ST-ZIP	PD VAZQUEZ, FERDENC <i>misspelled</i> <input type="checkbox"/> Delete 4103 GARIENDA AVENUE SEBRING FL 33872	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Vazquez, Federico
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RIVERA, WILFREDO <input type="checkbox"/> Delete 618 RIVER DRIVE SEBRING FL 33872	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SERVICE, SHELLY <input type="checkbox"/> Delete 1520 COLMAR AVENUE SEBRING FL 33872	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FAZQUEZ, AIDA <input type="checkbox"/> Delete 4103 GARIENDA AVENUE SEBRING FL 33872	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T RIVERA, ELIZABETH <input type="checkbox"/> Delete 618 RIVER DRIVE SEBRING FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T OJEDA, ALBERTO <input type="checkbox"/> Delete 231 JASMINE AVE LAKE PLACID FL	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: *[Handwritten Signature]* **SHELLY SERVICE** **3-5-00**
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (9/99)