

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 09, 2001 8:00 am
Secretary of State

0087108

DOCUMENT # N45128

1. Entity Name

ASOCIACION LATINOS UNIDOS DE FLORIDA, INC.

03-09-2001 90481 005 ****61.25

Principal Place of Business

Mailing Address

P. O. BOX 242
 LAKE PLACID FL 33852

P. O. BOX 242
 LAKE PLACID FL 33852

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

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

OJEDA, ALBERTO
231 JASMINE AVE
LAKE PLACID FL 33852

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

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	PD	<input checked="" type="checkbox"/> Delete
NAME	VAZQUEZ, FEDERICO	
STREET ADDRESS	4103 GARIENDA AVENUE	
CITY-ST-ZIP	SEBRING FL 33872	
TITLE	VP	<input type="checkbox"/> Delete
NAME	RIVERA, WILFREDO	
STREET ADDRESS	618 RIVER DRIVE	
CITY-ST-ZIP	SEBRING FL 33872	
TITLE	TD	<input type="checkbox"/> Delete
NAME	SERVICE, SHELLY	
STREET ADDRESS	1520 COLMAR AVENUE	
CITY-ST-ZIP	SEBRING FL 33872	
TITLE	S	<input type="checkbox"/> Delete
NAME	FAZQUEZ, AIDA	
STREET ADDRESS	4103 GARIENDA AVENUE	
CITY-ST-ZIP	SEBRING FL 33872	
TITLE	T	<input type="checkbox"/> Delete
NAME	RIVERA, ELIZABETH	
STREET ADDRESS	618 RIVER DRIVE	
CITY-ST-ZIP	SEBRING FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	OJEDA, ALBERTO	
STREET ADDRESS	231 JASMINE AVE	
CITY-ST-ZIP	LAKE PLACID FL	

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		
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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)(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: *Shelly Service*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-3-01

Date

Daytime Phone #

CR2E037 (10/00)