


FILE NOW: FILING FEE IS \$61.25

FILED
Mar 28 1997 8:00am
Secretary of State

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| NONPROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Moser Secretary of State DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # **N93000000053 (9)**

1. Corporation Name

UNITED NETWORK FOR THE IMPROVEMENT AND DEVELOPMENT OF SPANISH-AMERICANS, INC. (UNIDOS)

Principal Place of Business

Mailing Address

103 E MERIDIAN AVE
DADE CITY FL 33525
US

P O BOX 2311
LANDO'LAKES FL 34639-2311
US

3. Date Incorporated or Qualified
12/24/1992

3a. Date of Last Report
02/01/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent

VEGA, ALICIA
4711 VICTORIA ROAD
LAND O'LAKES FL 34639

4. FEI Number

59-3195454

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☐ Yes

☒ No

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **PD**
VEGA, ALICIA
STREET ADDRESS **4711 VICTORIA ROAD**
CITY - ST - ZIP **LAND O LAKES FL 34639**

TITLE ☐ DELETE

NAME **VD**
CRUZ, ANITA
STREET ADDRESS **19411 BURKE RD**
CITY - ST - ZIP **DADE CITY FL**

TITLE ☐ DELETE

NAME **TD**
ROQUE, ED
STREET ADDRESS **1831 GARDNER PL**
CITY - ST - ZIP **LUTZ FL 33549**

TITLE ☐ DELETE

NAME **D**
MEZA, CARMEN
STREET ADDRESS **1209 BYRON ST**
CITY - ST - ZIP **DADE CITY FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/24/97

904-523-9616

Date

Daytime Phone # **0067888**

CR2E037 (9/96)