

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90120 006 ****61.25

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. MERIDAN AVE
DADE CITY, FL 33525
US

UNIDOS
C/O EDWARD ROQUE
1631 GARDNER DRIVE
LUTZ, FL 33549

2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21

26

12/24/1992

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

Applied For

22

27

59-3195454

Not Applicable

City & State

City & State

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

23

28

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

VEGA, ALICIA
4711 VICTORIA ROAD
LAND O'LAKES, FL 33411

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE

1.1 TITLE ☐ Change ☐ Addition

NAME VEGA, ALICIA
STREET ADDRESS 4711 VICTORIA ROAD
CITY-ST-ZIP LAND O'LAKES, FL 33411

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE VD ☐ DELETE

2.1 TITLE ☐ Change ☐ Addition

NAME CRUZ, ANITA
STREET ADDRESS 19111 BURKE RD
CITY-ST-ZIP DADE CITY, FL

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE TD ☐ DELETE

3.1 TITLE ☐ Change ☐ Addition

NAME ROQUE, EDWARD
STREET ADDRESS 1631 GARDNER DR.
CITY-ST-ZIP LUTZ FL 33549

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE D ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition

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

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS

5.2 NAME
5.3 STREET ADDRESS

TITLE ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS

6.2 NAME
6.3 STREET ADDRESS

TITLE ☐ DELETE

6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/5/99

Daytime Phone #

CR2E037 (11/98)