

2001 UNIFORM BUSINESS REPORT (UBR)**FILED**
May 01, 2001 8:00 am
Secretary of State

05-01-2001 90078 028 ****61.25

0057039

DOCUMENT # N93000000053

1. Entity Name

UNITED NETWORK FOR THE IMPROVEMENT AND DEVELOPME

Principal Place of Business

Mailing Address

103 E MERIDIAN AVE
DADE CITY FL 33525
USUNIDOS. C/O EDWARD ROQUE
1631 GARDNER DRIVE
LUTZ FL 33549
US

042788



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3195454

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

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

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 \$61.259. 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 ☐ Delete
NAME VEGA, ALICIA
STREET ADDRESS 4711 VICTORIA ROAD
CITY-ST-ZIP LAND O LAKES FL 34639TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE VD ☐ Delete
NAME CRUZ, ANITA
STREET ADDRESS 19111 BURKE RD
CITY-ST-ZIP DADE CITY FLTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE TD ☐ Delete
NAME ROQUE, EDWARD
STREET ADDRESS 1631 GARDNER PL
CITY-ST-ZIP LUTZ FL 33549TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE D ☐ Delete
NAME MEZA, CARMEN
STREET ADDRESS 1209 BYRON ST
CITY-ST-ZIP DADE CITY FLTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)