

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2002 8:00 am
Secretary of State

007647

DOCUMENT # N93000000053

1. Entity Name

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

04-09-2002 90066 041 ****61.25

Principal Place of Business

103 E MERIDIAN AVE
 DADE CITY FL 33525
 US

Mailing Address

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

2. Principal Place of Business

3. Mailing Address

UNIDOS. C/O EDWARD ROQUE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1631 GARDNER DR

City & State

City & State

LUTZ, FL

Zip

Country

Zip

Country

33559

US

4. FEI Number

59-3195454

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

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 \$61.25

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VD
 NAME CRUZ, ANITA
 STREET ADDRESS 19111 BURKE RD
 CITY-ST-ZIP DADE CITY FL ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE TD
 NAME ROQUE, EDWARD
 STREET ADDRESS 1631 GARDNER PL
 CITY-ST-ZIP LUTZ FL 33549 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
 NAME MEZA, CARMEN
 STREET ADDRESS 1209 BYRON ST
 CITY-ST-ZIP DADE CITY FL ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)