

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 29, 2002 8:00 am**  
**Secretary of State**

05-29-2002 90729 003 \*\*\*\*70.00

**DOCUMENT # N94000002229**

1. Entity Name

**CENTRO CULTURAL LATINOAMERICANO INC.**

Principal Place of Business

5790 S 38TH ST  
 GREENACRES FL 33463

Mailing Address

PO BOX 6474  
 LAKE WORTH FL 33466-6474

2. Principal Place of Business

3767 Lake Worth Rd.

3. Mailing Address

P.O.Box 6474

Suite, Apt. #, etc.

Suite #101

Suite, Apt. #, etc.

City & State

Lake Worth, Fl.

City & State

Lake Worth, Fl.

4. FEI Number

65-0579660

Applied For

Not Applicable

Zip

33461

Country

Zip

33466-6474

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

**CENTER FOR MINORITY HUMAN SERVICES PROVIDERS INC., %ELSA GIBBONS  
 301 BROADWAY, SUITE 300  
 RIVIERA BEACH FL 33404**

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 **SD**  Delete  
 NAME **GOLDFEDER, ELENA N**  
 STREET ADDRESS **720 S ATLANTIC DRIVE**  
 CITY-ST-ZIP **LANTANA FL 33462**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **PD**  Delete  
 NAME **GAVIRIA, BEATRICE**  
 STREET ADDRESS **2100-45TH STREET PARK PLAZA**  
 CITY-ST-ZIP **WEST PALM BEACH FL 33407**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **TD**  Delete  
 NAME **ISAZA, DIEGO**  
 STREET ADDRESS **PO BOX 6413**  
 CITY-ST-ZIP **LAKE WORTH FL 33466**

TITLE  Change  Addition  
 NAME **Martha Sarmiento**  
 STREET ADDRESS **6522 Ramblewood Cr.**  
 CITY-ST-ZIP **Greenacres, Fl.33463**

TITLE **VPD**  Delete  
 NAME **VC-MANSDORF, PATRICIA**  
 STREET ADDRESS **651 W. INDIANTOWN RD #F**  
 CITY-ST-ZIP **JUPITER FL 33458**

TITLE  Change  Addition  
 NAME **Monica Aycart**  
 STREET ADDRESS **5294 Harwood Ln.**  
 CITY-ST-ZIP **Lake Worth, Fl.33467**

TITLE **D**  Delete  
 NAME **ROJAS, VICTOR**  
 STREET ADDRESS **11924 W FOREST HILL BLVD STE 18**  
 CITY-ST-ZIP **LAKE WORTH FL 33414**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D**  Delete  
 NAME **GARCIA, ANA**  
 STREET ADDRESS **5814 ITHACA CR E**  
 CITY-ST-ZIP **LAKE WORTH FL 33463**

TITLE  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: *Martha Sarmiento*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-2-02

Date

Daytime Phone #

CR2E037 (9/01)