

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jul 15, 2003 8:00 am
Secretary of State

001482

DOCUMENT # N94000002229

1. Entity Name
CENTRO CULTURAL LATINOAMERICANO INC.



05-07-2003 90167 044 ****70.00

Principal Place of Business
**3767 LAKE WORTH RD STE 101
LAKE WORTH FL 33461**

Mailing Address
**PO BOX 6474
LAKE WORTH FL 33466-6474**

55051394



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
1263 S. Military Tr.

3. Mailing Address
P.O. Box 6474

Suite, Apt. #, etc.

City & State
West Palm Beach, Fl

City & State
Lake Worth, Fl

4. FEI Number **65-0579660**

Applied For
Not Applicable

Zip Country Zip Country

33415 USA 33466-6474 USA

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
**CENTER FOR MINORITY HUMAN SERVICES PROVIDERS INC., %ELSA GIBBONS
301 BROADWAY, SUITE 300
RIVIERA BEACH FL 33404**

7. Name and Address of New Registered Agent
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25
After September 10, 2003, min will be \$236.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GOLDFEDER, ELENA N 720 S ATLANTIC DRIVE LANTANA FL 33462 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JOAQUIN AZANZA 5831 DEWITT PLACE, LAKE WRTH FL 33463 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GAVRIA, BEATRICE 2100-45TH STREET PARK PLAZA WEST PALM BEACH FL 33407 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD CLEMENCIA CONVERS 801 8 TH LANE, GREENACRES FL, 33463 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SARMIENTO, MARTHA 6522 RAMBLEWOOD CR GREENACRES FL 33463 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LINA-BLANCO 560 VILLAGE BLVD SUITE 100 W.P.B FL 33409 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD AYCART, MONICA 5294 HARWOOD LANE LAKE WORTH FL 33467 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ANA SANDS 252 DAVIS RD PALM SPRINGS, FL 33461 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROJAS, VICTOR 11924 W FOREST HILL BLVD STE 18 LAKE WORTH FL 33414 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LINDA M. PENA P.O BOX 222584 W.PB, FL 33422 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GARCIA, ANA 5814 ITHACA CR E LAKE WORTH FL 33463 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARI CHUMACEIRO 1531 W PALMETTO PRK ROAD BOCA RATON FL 33486 <input type="checkbox"/> Change <input type="checkbox"/> 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: S/G/JOAQUIN AZANZA **7/10/03 (561) 969-7988**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (4/03)