

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 26, 2002 8:00 am
Secretary of State

06-26-2002 90074 029 ****61.25

DOCUMENT # N96000000404

1. Entity Name

THE COALITION OF IMMOKALEE WORKERS, INC.

Principal Place of Business

Mailing Address

**215 F WEST MAIN ST
 IMMOKALEE FL 34142
 US**

**P.O. BOX 603
 IMMOKALEE FL 34143
 US**

80125971

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0641010

Applied For

Not Applicable

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

**ASBED, GREG
 101 HENDRY ST.
 LABELLE FL 33935**

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 **D** ☐ Delete
 NAME **SANTAMARIA, GREGORIA**
 STREET ADDRESS **1057 ALICE STREET**
 CITY-ST-ZIP **LABELLE FL 33935**

TITLE **D** ☐ Change ☒ Addition
 NAME **Max Perez**
 STREET ADDRESS **312 South 7th St.**
 CITY-ST-ZIP **Immokalee, FL 34142**

TITLE **S** ☒ Delete
 NAME **MORAN, JUAN**
 STREET ADDRESS **108 N. 3RD ST.**
 CITY-ST-ZIP **IMMOKALEE FL 34142**

TITLE **D** ☐ Change ☒ Addition
 NAME **Pedro Lopez**
 STREET ADDRESS **1073 Alexander Circle, FWV**
 CITY-ST-ZIP **Immokalee FL 34142**

TITLE **D** ☒ Delete
 NAME **RODRIGUEZ, MANUEL**
 STREET ADDRESS **613 MADISON AVE**
 CITY-ST-ZIP **IMMOKALEE FL 34142**

TITLE **P** ☒ Change ☐ Addition
 NAME **Rodriguez, Manuel**

TITLE **D** ☐ Delete
 NAME **BENITEZ, RAMIRO**
 STREET ADDRESS **218 WEST MAIN ST**
 CITY-ST-ZIP **IMMOKALEE FL**

TITLE **D** ☐ Change ☒ Addition
 NAME **Julia Gabriel**
 STREET ADDRESS **2585 E Terry St #2**
 CITY-ST-ZIP **Bonita Springs FL 34135**

TITLE **D** ☐ Delete
 NAME **JEAN CLAUDE, JEAN**
 STREET ADDRESS **1530 NE 136 ST 2**
 CITY-ST-ZIP **MIAMI FL 33161**

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

TITLE **D** ☒ Delete
 NAME **ALEJANDRO, PINA**
 STREET ADDRESS **218 W MAIN STREET**
 CITY-ST-ZIP **IMMOKALEE FL 34142**

TITLE **D** ☐ Change ☒ Addition
 NAME **Gerardo Reyes-Chavez**
 STREET ADDRESS **2755 Wilton Court**
 CITY-ST-ZIP **Immokalee FL 34142**

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)



Attachment
B0125971

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

June 4, 2002

THE COALITION OF IMMOKALEE WORKERS, INC.
P.O. BOX 603
IMMOKALEE, FL 34143 US

Subject: ~~THE COALITION OF IMMOKALEE WORKERS, INC.~~

Reference Number: N96000000404

Enclosed
is
signed
check

Please be advised, we have received your annual report/uniform business report; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Please sign and return your check submitted with the annual report/uniform business report.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

/sm

ANNUAL REPORTS SECTION