

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

FILED
Jul 09, 2003 8:00 am
Secretary of State

07-09-2003 90038 007 ****61.25

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1. Entity Name

THE COALITION OF IMMOKALEE WORKERS, INC.



Principal Place of Business

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

Mailing Address

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

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. I am familiar with, and accept the obligations of registered agent.

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

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

TITLE **D** ☐ Delete
NAME **PEREZ, MAX**
STREET ADDRESS **312 SOUTH 7TH ST**
CITY-ST-ZIP **IMMOKALEE FL 34142**

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

TITLE **PD** ☐ Delete
NAME **RODRIGUEZ-MANUEL**
STREET ADDRESS **613 MADISON AVE**
CITY-ST-ZIP **IMMOKALEE FL 34142**

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

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

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

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 **REYES-CHAVEZ, GERARDO**
STREET ADDRESS **2755 WILTON COURT**
CITY-ST-ZIP **IMMOKALEE FL 34142**

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:

SIGNATURE REQUIRED

7/5/03

239-657-9311

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Domestic Phone #

CR2E037 (4/03)