

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000006071

1. Entity Name

IMPACTO YOUTH PROGRAM, INC.

Principal Place of Business

7701 SW 114 ST  
VILLAGE OF PINCREST FL 33156

Mailing Address

7701 SW 114 ST  
VILLAGE OF PINCREST FL 33156

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

LOZADA, GLADYS  
7701 SW 114 ST  
VILLAGE OF PINCREST FL 33156

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

After September 13, 2002,  
min. will be \$236.25.

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

|                |                       |  |
|----------------|-----------------------|--|
| TITLE          | P                     | <input type="checkbox"/> Delete            |
| NAME           | LOZADA, ALFONSO       |  |
| STREET ADDRESS | 7701 SW 114 ST        |  |
| CITY-ST-ZIP    | MIAMI FL 33156        |  |
| TITLE          | VP                    | <input checked="" type="checkbox"/> Delete |
| NAME           | LEUSRAUL, PADRON      |  |
| STREET ADDRESS | 5987 SW 91 ST         |  |
| CITY-ST-ZIP    | MIAMI FL 33158        |  |
| TITLE          | SD                    | <input type="checkbox"/> Delete            |
| NAME           | MOLINA, RAUL GOMEZ JR |  |
| STREET ADDRESS | 5120 SW 156 PLACE     |  |
| CITY-ST-ZIP    | MIAMI FL 33185        |  |
| TITLE          | TD                    | <input checked="" type="checkbox"/> Delete |
| NAME           | ROMAN, CARMEN L       |  |
| STREET ADDRESS | 5987 SW 91ST ST       |  |
| CITY-ST-ZIP    | MIAMI FL 33156        |  |
| TITLE          | VD                    | <input type="checkbox"/> Delete            |
| NAME           | MARQUEZ-MOLINA, KAREN |  |
| STREET ADDRESS | 5120 SW 156 PLACE     |  |
| CITY-ST-ZIP    | MIAMI FL 33185        |  |
| TITLE          | VP                    | <input checked="" type="checkbox"/> Delete |
| NAME           | LOZADA, ALFONSO       |  |
| STREET ADDRESS | 7701 SW 114 ST        |  |
| CITY-ST-ZIP    | PINCREST FL 33156     |  |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                |   |
|----------------|---|
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | 600020248956  |
| STREET ADDRESS | 05/29/03--01011--006 ***297.50                                    |
| CITY-ST-ZIP    |   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> 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

5/15/03

305  
969 6525

REINSTATEMENT

03 MAY 21 AM 8:47

SECRETARY OF STATE  
TALLAHASSEE FLORIDA



REINSTATEMENT DO NOT WRITE IN THIS SPACE

02-07

4. FEI Number NOT APPLICABLE

Applied For  
Not Applicable

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

CR2E037 (4/02)

0008116