

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000006695

1. Entity Name

LATIN AMERICANS UNITED, INC.

Principal Place of Business

340 NW 4TH STREET
POMPANO BEACH FL 33061
US

Mailing Address

P.O. BOX 654
POMPANO BEACH FL 33061-0654
US

2. Principal Place of Business

8201 NW 20TH CT

3. Mailing Address

Suite, Apt. #, etc.

City & State
SUNRISE

City & State

Zip
33322

Country
U.S.A

Zip

Country

4. FEI Number

95-2954947

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DELVA, FRANTZ MD
321 W ATLANTIC BLVD
POMPANO BEACH FL 33061

7. Name and Address of New Registered Agent

Name DELVA, FRANTZ MD

Street Address (P.O. Box Number is Not Acceptable)

8201 NW 20TH CT

City SUNRISE

FL

Zip Code 33322

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]* N/A

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

TITLE	D	<input type="checkbox"/> Delete
NAME	ARMAND MD, LUCIEN DR	
STREET ADDRESS	2071 SW 52ND WAY	
CITY-ST-ZIP	PLANTATION FL 33317	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	JOSEPHINE VALERIUS, MARIE	
STREET ADDRESS	7212 SW 4TH COURT	
CITY-ST-ZIP	NORTH LAUDERDALE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	SMITH, FRANTZ CHE	
STREET ADDRESS	8201 NW 20TH COURT	
CITY-ST-ZIP	SUNRISE FL 33322	
TITLE	D	<input type="checkbox"/> Delete
NAME	CASIMIR, MARIE ROSE	
STREET ADDRESS	9691 SUNSET STRIP	
CITY-ST-ZIP	SUNRISE FL 33322	
TITLE	D	<input type="checkbox"/> Delete
NAME	FREEMAN, RENEE	
STREET ADDRESS	11900 NW 35TH ST	
CITY-ST-ZIP	SUNRISE FL 33323	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	MARLENE DELVA	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	2360 NW 63 TERRACE	
STREET ADDRESS	SUNRISE, FL, 33313	
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	RENEE FREEMAN	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	615 SW 198 TERRACE	
STREET ADDRESS	PENNSBORO PINES FL 33029	
CITY-ST-ZIP		
TITLE	JOCELYNE GUIRAND	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	8201 NW 20TH CT	
STREET ADDRESS	SUNRISE, FL 33322	
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]* SIGNED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-00

Date

954 742 4116

Daytime Phone #

CR2E037 (9/99)



DO NOT WRITE IN THIS SPACE

100-10-10