

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000006695

1. Entity Name

LATIN AMERICANS UNITED, INC.

Principal Place of Business

Mailing Address

8201 NW 20TH COURT
SUNRISE FL 33322
US

P.O. BOX 654
POMPANO BEACH FL 33060
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

95-2954947

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

DELVA, FRANTZ MD
8201 NW 20TH COURT
SUNRISE FL 33322

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 ARMAND MD, LUCIEN DR
STREET ADDRESS 2071 SW 52ND WAY
CITY-ST-ZIP PLANTATION FL 33317

TITLE ☐ Change ☒ Addition
NAME Manette CHARLES
STREET ADDRESS 2371 63RD AVE
CITY-ST-ZIP SUNRISE FL 33313

TITLE D ☐ Delete
NAME DELVA, MARLENE
STREET ADDRESS 2360 NW 63RD TERRACE
CITY-ST-ZIP SUNRISE FL 33313

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

TITLE D ☐ Delete
NAME SMITH, FRANTZ CHE
STREET ADDRESS 8201 NW 20TH COURT
CITY-ST-ZIP SUNRISE FL 33322

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

TITLE D ☐ Delete
NAME CASIMIR, MARIE ROSE
STREET ADDRESS 9691 SUNSET STRIP
CITY-ST-ZIP SUNRISE FL 33322

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

TITLE D ☐ Delete
NAME ARMAND, PH.D, MARGARET
STREET ADDRESS 2871 SW 52ND WAY
CITY-ST-ZIP PLANTATION FL 33317

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

TITLE D ☐ Delete
NAME FREEMAN, RENEE
STREET ADDRESS 615 SW 198TH TERRACE
CITY-ST-ZIP PEMBROKE PINES FL 33029

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 line empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jun 03, 2002 8:00 am
Secretary of State

06-03-2002 91186 026 ****61.25



DO NOT WRITE IN THIS SPACE

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CR2E037 (9/01)