2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N9800006670 1. Entity Name L.L.E.A.AF.AM SIDA LIGA LATINEUROASIAAFROAMER					FILED May 19, 2000 8:00 am Secretary of State					
Principal Place of Business		Mailing Address				04-25-20	000 901	51 020 ***	*75.00	
770 PONCE DE LEON BLVD CORAL GABLES FL 33134		P O BOX 652703 Miami FL 33265-2703								
-		3. Mailing Address PO: BOX 94 Suite, Apt. #, etc. City & State	00006		4. FEI Number	DO NOT WRIT	•	SPACE App	olied For	
MIAMI FL. Zip Country		MIAMI FI.			<u>65-0879709</u>	~	\$8.75 Addi	Applicable		
33155		33184			5. Certificate of		<u> X</u>	Fee Required		ı
ARANGO, 11165 NW MIAMI FL 3	3 STREET	legistered Agent	Name Stree	<u>, </u>	P.O. Box Number	·· ··				
SIGNATURE	Signature, typed or birded name of registered opens a FILE NOW: FEE IS \$61.25	9. Election Campaign Trust Fund Contribu	tion. 🌠	\$5.	00 May Be of to Fees	De	partme	O O R Payable to ont of State		-
10.	OFFICERS AND DIF	RECTORS Delete	11.		ADDITIONS/CHAP	NGES TO OFFICE	RS AND I	DIRECTORS IN Change	10 Addition	66
NAME STREET ADDRESS CITY-ST-ZIP	ARANGO, LIZETTE 11165 NW 3 STREET MIAMI FL 33172		NAME STREET ADDRE CITY-ST-ZIP	SS				- •		CR2E037 (9/99)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REVILLA, JOSE M 7471 NW 167 TERR MIAMI FL 33015	Delete	TITLE NAME STREET ADDRE CITY-ST-ZIP	SS				☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Arango, Miguel A 7471 NW 167 Terr Miami Fl 33015	☐ Delete	TITLE NAME STREET ADDRI CITY-ST-ZIP					☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DE FRANCISCO, ALEJANDRO 7471 NW 167 TERR MIAMI FL 33015	□X Delete	TITLE TO NAME STREET ADDR) . F.	RAFAEL 741 Su	SiER 2450 71.33	RA 10 C #	Change 40	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	NAME Z NAME STREET ADDR	O A	RAFAEL 741 SU MIAMI, NGEL F 741 SW MIAMI,	idel C 2+ st H. 33	RUE!	//s Change ⊬o	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDR CITY-ST-ZIP					☐ Change	☐ Addition	
12. I hereby indicated of the co- changed	certify that the information supplied with on this report or supplemental report is reporation or the receiver or trustee empty, or on an attachment with an address,	n this filing does not qualify for s true and accurate and that in owered to execute this report with all other like empowered.	the exemption ny signature sh as required by	stated in lail have the Chapter 6	Section 119.07(3)(i) e same legal effect 17, Florida Statutes	, Florida Statutes as if made under ; and that my nan	. I further of oath; that ne appear	t I am an officer 's in Block 10 o	or director r Block 11 if	
SIGNA	FURE: SIGNATURE AND TYPED OR	PRINCED NAME OF SIGNING OFFICER	A DIRECTOR	··		3/3//C	10	Daytime Phone #	0252	1