

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90768 050 ****61.25

DOCUMENT # N 9800000667D

1. Entity Name **L.L.E.A. AF AM. AIDS**

**LIGA LATINEUROASIA FROAMERICANA CONTRA
EL SIDA INC**

DO NOT WRITE IN THIS SPACE

90117901

2. Principal Place of Business

351 NW 42 AVE

Suite, Apt. #, etc.

202

City & State

MIAMI FL

Zip **33134**

Country **U.S.A.**

3. Mailing Address

351 NW 42 AVE

Suite, Apt. #, etc.

202

City & State

MIAMI FL

Zip **33134**

Country **U.S.A.**

DO NOT WRITE IN THIS SPACE

4. FEI Number

650879709

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

JOSE MANUEL RIVILLA

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

789 NW 27 AVENUE

City

MIAMI

FL

Zip Code

33125

**DO NOT WRITE
IN THIS SPACE**

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

4/29/03

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT: LIZETTE SANTOS 351 NW 42 AVE SUITE 202 MIAMI FL 33126	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT: MIGUEL A ARANGO 4180 SW 5TH TERRACE MIAMI FL 33134	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR: MIGUEL Hdez. M.D. 351 NW 42 AVE SUITE 202 MIAMI FL 33126	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR: JORGE MARTINEZ 4180 SW 5TH TERRACE MIAMI FL 33134	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR: ALEJANDRO FERRAS 4180 SW 5TH TERRACE MIAMI FL 33134	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR: MANUEL FRAGA 4180 SW 5TH TERRACE MIAMI FL 33134	TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

13. 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 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/03

Date

Daytime Phone #