2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 14, 2000 8:00 am
Secretary of State
07-17-2000 90081 006 ****61.25

DOCUMENT # N99000000943

1. Entity Name
Mujeres en Accion Inc

Principal Place of Business	Mailing Address
P.O. Box 2365 Orlando, Florida 32801	

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	P.O Box 2365 Suite, Apt. #, etc.
City & State	City & State: Orlando, Florida
Zip / Country	Zip: 32801 / Country: USA

4. FEI Number: 59-3538700 ☐ 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
Gladys Castelleiro P.O. Box 2365 Orlando, Florida 32801 (5027 Spring Run Avenue, Orlando FL 32819)	Name 5027 Spring Run Avenue Street Address (P.O. Box Number is Not Acceptable) Orlando, 32819 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Justina Gonzalez Nieto 1023 Rivecon Ave Orlando FL 32825	☐ Delete	Director Nancy C. Acevedo 1103 Winter Spring Blvd Winter Spring FL 32708	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Annie Hernandez 5216 Andrea Blvd Orlando, FL 32807	☒ Delete	Director Gloria Perez 12408 Greco Dr Orlando, FL 32824	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Gladys Castelleiro 5027 Spring Run Ave. Orlando, FL 32801	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E037 (9/99)

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] Nancy C. Acevedo 7/5/00 407-317-7233
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Revised 8/7/00 fax