

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****May 01, 2001 08:00 AM****Secretary of State****DOCUMENT # N99000001531****1. Entity Name**  
INSTITUTE FOR THE DEVELOPMENT OF LATIN CULTURE, INC.**Principal Place of Business**  
3014 SANTA BARBARA BLVD  
CAPE CORAL FL 33914**Mailing Address**  
3014 SANTA BARBARA BLVD  
CAPE CORAL FL 33914**2. Principal Place of Business**  
P.O. BOX 152257**3. Mailing Address**  
P.O. BOX 152257

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

**City & State**  
CAPE CORAL FL**City & State**  
CAPE CORAL FL**4. FEI Number**  
☒ Applied For  
☒ Not Applicable**Zip**  
33915**Country**  
33915**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**ROSADO MICKEY  
3014 SANTA BARBARA BLVD  
CAPE CORAL FL 33914Name  
ROSADO MICKEY  
Street Address (P.O. Box Number is Not Acceptable)  
P.O. BOX 152257  
City  
CAPE CORAL FL Zip Code  
33915**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** MICKEY ROSADO **05/01/2001**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling) 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	<input type="checkbox"/> Delete
	D ROSADO DORIS	2127 SE 18TH PLACE	CAPE CORAL FL 33990	<input type="checkbox"/> Delete
	D JACKSON RAFAEL	14728 DATCITY ST.	ORLANDO FL 32827	<input type="checkbox"/> Delete
	D ROSADO MICKEY	2127 SE 8TH PLACE	CAPE CORAL FL 33990	<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
O	BELTRAN YOLANDA	731 N. LIME AVE	SARASOTA FL 34237	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
D	SEDA JOHN	3004 WEST CREST AVE	TAMPA FL 33614	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
O	JACKSON RAFAEL	14728 DATCITY ST.	ORLANDO FL 32827	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition

**12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:** MICKEY ROSADO **DIRE** **05/01/2001**  
Signature and typed or printed name of signing officer or director Date

CR2E037 (11/00)