## 2002 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT# N99000001531

Entity Name: INSTITUTE FOR THE DEVELOPMENT OF LATIN CULTURE, INC.

FILED May 01, 2002 8:00 AM Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** P.O BOX 152257 CAPE CORAL, FL 33915 **Current Mailing Address: New Mailing Address:** P.O BOX 152257 CAPE CORAL, FL 33915 **FEI Number:** FEI Number Applied For (X) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: ROSADO, MICKEY P.O BOX 152257 CAPE CORAL, FL 33915 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change ( ) Addition () Delete ROSADO, MICKEY ROSADO, MICKEY Name: Name: 2127 SE 8TH PLACE Address: 2121 SE 18TH PLACE Address: City-St-Zip: CAPE CORAL, FL 33990 City-St-Zip: CAPE CORAL, FL 33990 Title: () Delete Title: (X) Change ( ) Addition JACKSON, RAFAEL Name: ROSADO, DORIS Name: Address: 14728 DATCITY ST. Address: 2121 SE 18TH PLACE City-St-Zip: ORLANDO, FL 32827 City-St-Zip: CAPE CORAL, FL 33990 Title: () Delete Title: (X) Change ( ) Addition ROSADO, DORIS GOTAY, JOSE A Name: Name: 2127 SE 18TH PLACE 7653 PICKOI CIRCLE Address: Address: City-St-Zip: CAPE CORAL, FL 33990 City-St-Zip: SACRAMENTO, CA 95822 Title: ( ) Delete Title: D (X) Change ( ) Addition Name: BELTRAN, YOLANDA Name: BELTRAN, YOLANDA 731 N. LIME AVE Address: 731 N. LIME AVE Address: City-St-Zip: SARASOTA, FL 34237 City-St-Zip: SARASOTA, FL 34237 Title: () Delete Title: (X) Change ( ) Addition SEDA, JOHN CUDJOE, JOE Name: Name: 3004 WEST CREST AVE 10501 FGCU BOULEVARD Address: Address: TAMPA, FL 33614 FORT MYERS, FL 33965 65 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICKEY ROSADO P 05/01/2002