

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000001806

1. Entity Name

LATINA AND LATINO CRITICAL LEGAL THEORY, INC.

FILED
Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90162 029 ****70.00

Principal Place of Business

C/O PROF.ELIZABETH IGLESIAS
1311 MILLER DRIVE, SUITE 269
CORAL GABLES FL 33146

Mailing Address

C/O PROF.ELIZABETH IGLESIAS
1311 MILLER DRIVE, SUITE 269
CORAL GABLES FL 33146

2. Principal Place of Business

c/o U Miami School of Law 1311 Miller Drive

3. Mailing Address

1311 Miller Drive

Suite, Apt. #, etc.
Suite G269

Suite, Apt. #, etc.
Suite 269

City & State
Coral Gables, FL

City & State
Coral Gables, FL

4. FEI Number

59-355-7150

Applied For

Not Applicable

Zip
33124

Country
USA

Zip
33124

Country
USA

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

IGLESIAS, ELIZABETH PROF.
CENTER FOR HISPANIC & CARIBBEAN LEGAL STUD
1311 MILLER DRIVE, SUITE 269
CORAL GABLES FL 33146

7. Name and Address of New Registered Agent

Name

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

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D IGLESIAS, ELIZABETH 1311 MILLER DRIVE, SUITE 269 CORAL GABLES FL 33146	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LUNA, GUADALUPE 181 SEYMOUR AVE. S.E. MPLS MN 55414	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MALAVET, PEDRO U OF FLA, SW 2ND AVENUE AND SW 25TH ST. GAINESVILLE FL 32611	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PADILLA, LAURA 225 CEDAR STREET SAN DIEGO CA 92101	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VALDES, FRANCISCO 1311 MILLER DRIVE, SUITE 005 CORAL GABLES FL 33146	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Sumi Cho 25 East Jackson Boulevard Chicago, IL 60604	<input checked="" type="checkbox"/> Delete ADD

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Roberto Corrada 7039 East 18th Avenue Denver, CO 80220	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Jerome Culp Corner of Science Dr. & Towerview Durham, NC 27708-0362	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Angela Harris 689 Simon Boalt Hall UC at Berkeley, CA 94720-7200	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Margaret Montoya 1117 Stanford Drive Northeast Albuquerque, NM 87131	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Christina Prkic 1355 Meridian Ave., #5 Miami Beach, FL 33139	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Ediberto Roman 16400 NW 32nd Avenue Miami, FL 33054	<input type="checkbox"/> Change <input checked="" 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)(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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/00

Date

Daytime Phone #

CR2E037 (9/99)