

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000007275

1. Entity Name

CREATING OPPORTUNITIES FOR EMPOWERMENT AND SUCCE

**FILED**  
**May 12, 2000 8:00 am**  
**Secretary of State**

05-12-2000 90052 041 \*\*\*\*61.25

Principal Place of Business

Mailing Address

70 E. 7TH ST.  
HIALEAH FL 33010

70 E. 7TH ST.  
HIALEAH FL 33010

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0995279

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BLUNDERMAN, RICHARD I  
400 S.E. 2ND ST., STE. 2000  
MIAMI FL 33131

Name

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

150 WEST FLAGLER STREET

SUITE 2200

City

MIAMI

FL

Zip Code  
33130

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)

2-28-00

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 PD ☐ Delete  
NAME TINSMAN, RUTH  
STREET ADDRESS 70 E. 7TH ST.  
CITY-ST-ZIP HIALEAH FL 33010

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VD ☐ Delete  
NAME ROCA, MARIA M  
STREET ADDRESS 70 E. 7TH ST.  
CITY-ST-ZIP HIALEAH FL 33010

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE STD ☐ Delete  
NAME PRENDES, ORLANDO  
STREET ADDRESS 70 E. 7TH ST.  
CITY-ST-ZIP HIALEAH FL 33010

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

4/18/00 (305) 888-9744  
Date Daytime Phone #

CR2E037 (9/99)