

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2001 8:00 am
Secretary of State

05-21-2001 90363 013 ***150.00

DOCUMENT # **P0000P082759**
 1. Entity Name
Centro de Ayuda para Latinoamericanos, Corp.

Principal Place of Business Mailing Address
5130 NORTH FEDERAL HIGHWAY #7.
FT LAUDERDALE, FL 33308

2. Principal Place of Business 3. Mailing Address
4011 West Flagler St **4011 West Flagler St.**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
305 **305**
 City & State City & State
Miami FL **Miami FL**
 Zip Country Zip Country
33134 **33134**

A0070938
 DO NOT WRITE IN THIS SPACE
 4. FEI Number **651042074**
 Applied For Not Applicable
 5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
Guisse Gloria
4011 W Flagler St #305
Miami, FL 33134

7. Name and Address of New Registered Agent

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in this State of Florida.
 SIGNATURE *G. Guisse*
 Signature (Typed or printed name of registered agent if not applicable) (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 10, 2001, Fee will be \$50.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

OFFICERS AND DIRECTORS		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 2001	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Guisse Gloria 4011 W Flagler St #305 Miami, FL 33134	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP. Gloria Vazquez 4011 W Flagler St #305 Miami FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Quarte Zaira Carpin 4011 W Flagler St #305 Miami, FL 33134	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: *G. Guisse*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date DOCUMENT #

CR20034 (1/1/00)