2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P00000082759

1. Entity Name

CENTRO DE AYUDA PARA LATINO AMERICANOS, CORP.



FILED Apr 28, 2003 8:00 am Secretary of State

04-28-2003 91840 011 ***150.00

OLIVINO	DE ATODATANA GAT	IIIO AMENI	OANOS, OON	· ·		7					
Principal Place of Business 4011 W. FLAGLER STSUITE 305 MIAMI FL 33134		4011	Mailing Address 4011 W. FLAGLER STSUITE 305 MIAMI FL 33134				I Marinesi ili Asili andi Asili andi			 	
2 Principal P	Place of Business	3. Mai	ling Address			_					
2. Timopari	lace of dusiness	J. 1VIGI	o. Maining Address								
Suite, Apt. #, etc.		Suit	Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES				
City & State		City	City & State				4. FEI Number 65-1042074 Applied For Not Applicat			pplied For ot Applicable	
Zip	Zip Country		Zip Cour		ntry	5. Certificate of Status Desired			\$8.75 Additional Fee Required		
	6. Name and Address of Co	urrent Registere	Registered Agent			7.	Name and Address of New Reg	istered /	\gent		1
	- 1					Name					
DUARTE, 4011 W. (ZAIRA C FLAGLER ST,,SUITE 305		Street Address			s (P.O. E	Box Number is Not Acceptable)				
MIAMI FL	33134.										
					City	- -		FL	Zip Cod	le	
	named entity submits this stater lions of registered agent.	ment for the purp	ose of changing its	register	ed office or regis	tered ag	gent, or both, in the State of Florid	la. I am i	amiliar with,	and accept	
SIGNATURE	Signature, typed or printed name of registere	ed agent and title if app	ilicable. (NOT	E: Registers	ed Agent signature requi	ired when r	einstating)	DATE			
	ILE NOW!!! FEE IS \$150.0						T				1
After	May 1, 2003 Fee will be \$55 Repart Payable to Florida Departm	50.00					S. Election Campaign Finan Trust Fund Contribution.	cing [.		00 May Be d to Fees	
10.	<u> </u>	S'AND'DIRECTO	RS:	- 11.		AC	DDITIONS/CHANGES TO OFFICE	ERS AND	DIRECTOR	S IN 11	-
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NAME	DUARTE, ZAIRA C	NAME		J						16	
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indicated of the cor changed,	on this report or supplemental report of this report or supplemental reportation or the receiver or trustee, or on an attachment with an age	eport is true and eport is true and e empowered to dress, with all oth	accurate and that nexecute this report pr like empowered.	nie exe ny signa as requi	ture shall have the red by Chapter 6	e same 07, Flori	119.07(3)(i), Florida Statutes. I fu legal effect as if made under oath ida Statutes; and that my name a	n; that I appears in	m an officer Block 10 or	or director r Block 11 if	

Date Daytime Phone #