2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P9900097061 1. Entity Name MUJER LATINA, INC.						May 10, 2000 8:00 an Secretary of State				
Principal Place of Busine	988	Mailing Address								
9038 S.W. 12 COURT EMBROKE PINES FL 3302	29	18038 S.W. 12 COURT PEMBROKE PINES FL 33029-4900								
2. Principal Place of Bu	siness	3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
City & State		City & State			4	FEI Number 65 - 095 96	240	<u> </u>	lied For	
Zip Country		Zip Country			5	. Certificate of Status Desired		\$8.75 Addi	Applicable tional	
6. Na	me and Address of Current R	egistered Agent	<u> </u>		7	_Name.and.Address of New		ee Required		
				Name						
SERNA, RODI 18038 S.W. 1				Street Add	Street Address (P.O. Box Number is Not Acceptable)					
PEMBROKE F	PINES FL 33029				Tin Code					
			City	flice or registered agent, or both, in the State of Florida.						
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Register Prints corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) Make Check Payable to Description of the printed of the printed agent and title if applicable. NOTE: Register NOTE: Regist				will be \$55	0.00	10. Election Campaign Trust Fund Contribu			O May Be to Fees	
11.	OFFICERS AND	DIRECTORS	12.	·		ADDITIONS/CHANGES TO C	FFICERS AND		SIN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			SER	SIDENT UP, RODRIES, 18 SW 12CF BLOKE PINES, H	2 _. 33°2	□ Change	Addition	
TITLE NAME STREET ADDRESS		☐ Delete	- 1		BEL	FRESIDEN TRAN, HECTO	14 E	☐ Change	[Acdition	
CITY-ST-ZIP TITLE NAME STREET ADDRESS		☐ Delete	TIT NA STI		SEC. PAM 180	BROKE PINUS REFARY IPER JUANO 38 SWIZET BROKE PINES,	2.	☐ Change	(2) Addition	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Oelete	TIT NA ST	TLE ME REET ADDRESS TY-ST-ZIP	pen	iskoler pines,	<u>/C </u>	☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS		Delete	NA ST	RLE AME REET ADORESS TY-ST-ZIP				Change	Addition	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Oelete	TIN N/ ST	TLE AME TREET ADDRESS TY-ST-ZIP				Change	Addition	
13. I hereby certify the indicated on this	at the information supplied will report or supplemental report is or the receiver or trusted emp n allachment with an address,	s true and accurate and the	of for the exat my sign ort as request.	xemption state nature shall he juired by Cha	ed in Sec ave the sa ater 607,	tion 119.07(3)(i), Florida Statu ame legal effect as if made un Florida Statutes; and that my	name appears	in Block 11 c	information r or director or Block 12 if	