

SCC eFile

2014 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

214511858

1.) CORPORATION NAME:

United for Social Justice

DUE DATE: **1/31/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**LIANA MONTECINOS
3100 S MANCHESTER ST APT 114
FALLS CHURCH, VA**

SCC ID NO: **07325202**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

FAIRFAX COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 3100 SOUTH MANCHESTER ST
#114

CITY/ST/ZIP: FALLS CHURCH, VA 22044

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME:	HELEN ACKERMAN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	12361 HENDERSON ROAD		
CITY/ST/ZIP/CO:	CLIFTON, VA 22044		

NAME:	JOSE LUIS AGUAYO	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	5539 COLUMBIA PIKE APT 414,		
CITY/ST/ZIP/CO:	ARLINGTON, VA 22204		

NAME:	MARCIA DONOVAN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SCHOOLS LIAS DI		
ADDRESS:	10006 TERRY ST		
CITY/ST/ZIP/CO:	FAIRFAX, VA 22031		

NAME:	FRANK HERNANDEZ	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	PROGRAMMING		
ADDRESS:	4409 MEDFORD DRIVE		
CITY/ST/ZIP/CO:	ANNANDALE, VA 22003		

NAME:	YURI LOPEZ	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	LOGISTICS COORD		
ADDRESS:	6057 ARGYLE DRIVE APT 4		
CITY/ST/ZIP/CO:	FALLS CHURCH, VA 22041		

NAME:	MIRELLA SALDANA	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	PROGRAMMING		
ADDRESS:	3623 MALIBU CIRCLE #T2		
CITY/ST/ZIP/CO:	FALLS CHURCH, VA 22041		

NAME: ELIANA SEJAS TITLE: COMMUNIC DIRECT ADDRESS: 6100 MUNSON HILL ROAD CITY/ST/ZIP/CO: FALLS CHURCH, VA 22044	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: LIANA ELIZABETH MONTECINOS TITLE: DIRECTOR ADDRESS: 3100 S MANCHESTER ST SPT 114 CITY/ST/ZIP/CO: FALLS CHURCH, VA 22044	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: Kristina Rios TITLE: PRESIDENT ADDRESS: 8332 Forrester Blvd CITY/ST/ZIP/CO: Springfield, VA 22152	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.		
/s/ LIANA ELIZABETH MONTECINOS _____ SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	LIANA ELIZABETH MONTECINOS, DIRECTOR _____ PRINTED NAME AND CORPORATE TITLE	3/3/2014 _____ DATE
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.		