

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Aug 11, 2003 8:00 am
Secretary of State

7/21

07-21-2003 90087 030 ****50.00

DOCUMENT # L02000033128

1. Entity Name
LATINA'S, LLC



Principal Place of Business
**14611 VISTA VERDI RD.
DAVIE FL 33325**

Mailing Address
**14611 VISTA VERDI RD.
DAVIE FL 33325**

55053945



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 **41-2087939** Applied For
Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MAZZA-MARTINEZ & ASSOC., P.A.
780 NW 42 AVE., STE. 420
MIAMI FL 33126**

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By September 24, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGR** Delete
NAME **GARCIA, SONIA**
STREET ADDRESS **14611 VISTA VERDI RD.**
CITY-ST-ZIP **DAVIE FL 33325**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **MGR** Delete
NAME **MOSTAFA, GOURJA**
STREET ADDRESS **14611 VISTA VERDI RD.**
CITY-ST-ZIP **DAVIE FL 33325**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **MGR** Delete
NAME **GOURJA, CARLOS**
STREET ADDRESS **14611 VISTA VERDI RD.**
CITY-ST-ZIP **DAVIE FL 33325**

TITLE **MGR** Change Addition
NAME **GOURJA, CARLA**
STREET ADDRESS **14611 VISTA VERDI RD.**
CITY-ST-ZIP **DAVIE FL 33325**

TITLE **MGR** Delete
NAME **UZATEGUI, KURT**
STREET ADDRESS **14611 VISTA VERDI RD.**
CITY-ST-ZIP **DAVIE FL 33325**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **MGR** Change Addition
NAME **MOLINA, SONIA**
STREET ADDRESS **2251 BRANDEN ST. #3**
CITY-ST-ZIP **LOS ANGELES CA 90026**

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 606, Florida Statutes.

SIGNATURE: **SONIA GARCIA**

07/10/03

954-723-0471

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (4/03)