

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 11, 2002 8:00 am
Secretary of State

03-11-2002 90044 045 ****70.00

DOCUMENT # N01000000524

1. Entity Name

LATINO LEADERSHIP, INC.

Principal Place of Business

Mailing Address

517 W COLONIAL DRIVE
 ORLANDO FL 32804

517 W COLONIAL DRIVE
 ORLANDO FL 32804

2. Principal Place of Business

9318 E. Colonial Dr.

3. Mailing Address

9318 E. Colonial Dr.

Suite, Apt. #, etc.

A-14

Suite, Apt. #, etc.

A-14

City & State

Orlando, FLORIDA

City & State

Orlando, FLORIDA

Zip

Country

32817

Zip

Country

32817



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3702613

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SUAREZ, ANTHONY
 517 W COLONIAL DRIVE
 ORLANDO FL 32804

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

[Handwritten Signature]

01/31/02

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Delete
 NAME **D SUAREZ, ANTHONY**
 STREET ADDRESS **517 W COLONIAL DRIVE**
 CITY-ST-ZIP **ORLANDO FL 32804**

TITLE Change Addition
 NAME **D ROSALY GUZMAN**
 STREET ADDRESS **1587 HUNTERS STAND RUN**
 CITY-ST-ZIP **Orlando FL 32765**

TITLE Delete
 NAME **D GUZMAN, CARLOS**
 STREET ADDRESS **517 W COLONIAL DRIVE**
 CITY-ST-ZIP **ORLANDO FL 32804**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D SANS-GUZMAN, MARTIZA**
 STREET ADDRESS **517 W COLONIAL DRIVE**
 CITY-ST-ZIP **ORLANDO FL 32804**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. 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 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other lists empowered.

SIGNATURE:

~~SIGNATURE REQUIRED~~

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/31/02

CR2E037 (9/01)