

2000 UNIFORM BUSINESS REPORT (UBR)

3/2

FILED
May 16, 2000 8:00 am
Secretary of State

03-20-2000 90037 016 ****61.25

DOCUMENT # N99000003826
 1. Entity Name
CENTRO INFORMATIVO DE U-LATINA DE COSTA RICA COR

Principal Place of Business 11890 S.W. 8TH STREET SUITE 210 MIAMI FL 33184	Mailing Address 11890 S.W. 8TH STREET SUITE 210 MIAMI FL 33184-1727
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
 ARAYA, CARLOS A
 3401 S.W. 129TH AVENUE
 MIAMI FL 33175

7. Name and Address of New Registered Agent
 Name: SYLVANA TAMAYO
 Street Address (P.O. Box Number is Not Acceptable): 4973 NW 108th Terr
 City: Coral Springs FL Zip Code: 33076

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

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT <input type="checkbox"/> Delete CARLOS A. SALAS ARAYA D Apdo 1561-2050 OVERSEAS San Pedro, Costa Rica
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICER <input type="checkbox"/> Delete MARIA LORENA MADRIGAL ROJAS D Apdo 1561-2050 OVERSEAS San Pedro, Costa Rica
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICER <input type="checkbox"/> Delete JEANNETTE CAMPOS D Apdo 1561-2050 OVERSEAS San Pedro, Costa Rica
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 like empowered.

SIGNATURE: _____
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 19/991