

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Feb 14, 2001 08:00 AM**  
**Secretary of State**

**DOCUMENT # P00000057831**

1. Entity Name  
**ACB LATINOAMERICA, INC.**

Principal Place of Business 1101 BRICKELL AVENUE SUITE 704  MIAMI FL 33131	Mailing Address 1101 BRICKELL AVENUE SUITE 704  MIAMI FL 33131
---	---

2. Principal Place of Business 7252 NW 31 STREET	3. Mailing Address 7252 NW 31 STREET
---	---

Suite, Apt. #, etc.	Suite, Apt. #, etc.
---------------------	---------------------

City & State MIAMI FL	City & State MIAMI FL
--------------------------	--------------------------

Zip 33166	Country	Zip 33166	Country
--------------	---------	--------------	---------

4. FEI Number <b>65-1015958</b>	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

**HOYOS MAITE**  
**1101 BRICKELL AVENUE SUITE 704**  
  
**MIAMI FL 33131**

**7. Name and Address of New Registered Agent**

Name  
**HURTADO JORGE**  
Street Address (P.O. Box Number is Not Acceptable)  
**7252 NW 31 STREET**  
  
City  
**MIAMI FL** Zip Code  
**33166**

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 **JORGE HURTADO** **02/14/2001**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS			
TITLE	D	<input checked="" type="checkbox"/> Delete	
NAME	HURTADO JORGE		
STREET ADDRESS	1101 BRICKELL AVENUE SUITE 704		
CITY-ST-ZIP	MIAMI FL 33131		
TITLE	D	<input type="checkbox"/> Delete	
NAME	HURTADO CARMEN		
STREET ADDRESS	1101 BRICKELL AVENUE SUITE 704		
CITY-ST-ZIP	MIAMI FL 33131		
TITLE	D	<input type="checkbox"/> Delete	
NAME	CAMPO RENE		
STREET ADDRESS	1101 BRICKELL AVENUE SUITE 704		
CITY-ST-ZIP	MIAMI FL 33131		
TITLE		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	DPT	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HURTADO JORGE DPT		
STREET ADDRESS	7252 NW 31 ST.		
CITY-ST-ZIP	MIAMI FL 33166		
TITLE	DSV	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HURTADO CARMEN DSV		
STREET ADDRESS	7252 NW 31 ST.		
CITY-ST-ZIP	MIAMI FL 33166		
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **JORGE HURTADO** **DPT** **02/14/2001**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/1/00)