

2001 UNIFORM BUSINESS REPORT (UBR)

0003410

DOCUMENT # P00000117789

1. Entity Name
CORPO LATINO, CORP.

FILED

01 NOV -5 PM 5:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
777 NW 72ND AVENUE 777 NW 72ND AVENUE
SUITE 3KI SUITE 3KI
MIAMI FL 33126 MIAMI FL 33126

2. Principal Place of Business 3. Mailing Address

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

City & State City & State

4. FEI Number
65-1074671 Applied For
Not Applicable

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent
MELO, RENATA MORCIRA
777 NW 72ND AVENUE
SUITE 3KI
MIAMI FL 33126

7. Name and Address of New Registered Agent
Name
BARROS, LIANE CRISTINA
Street Address (P.O. Box Number is Not Acceptable)
777 NW 72nd AVENUE
SUITE 3KI
City **FL** Zip Code
MIAMI **33126**

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]* DATE: **10/31/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

FILE NOW!! FEES \$980.00
After September 12, 2001, Fee will be \$750.00
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 NAME STREET ADDRESS CITY-ST-ZIP	D BARROS, LIANE CRISTINA 777 NW 72ND AVENUE SUITE 3KI MIAMI FL 33126 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DA SILVA, SILVAN B 777 NW 72ND AVENUE SUITE 3KI MIAMI FL 33126 <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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
000004698090--0 -11/29/01--01041--007 ****150.00 ****150.00	
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

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: *[Signature]* DATE: **10/31/2001** DAYTIME PHONE #: **(786) 3885454**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)

Miami - Florida, October 25th 2001.

FILED

01 NOV -5 PM 5:00

FLORIDA DEPARTMENT OF STATE
REINSTATEMENT DEPARTMENT
DIVISION OF CORPORATIONS
P.O. BOX 6327
TALLAHASSEE - FL - 32314

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

To Whom It May Concern:

I would like to inform you that I have a Profit Corporation by the following name:

CORPO LATINO, CORP.
Doc. # P00000117789

Our corporation has its articles filed with Florida department of State-Division of Corporation on 12/28/2000. Unfortunately, we never received the first notice, of our 2001 UBR form; and we did not know that we must pay it annually. This is the first time we are renewing our corporation.

As this happened against our will, we would like to ask you please wave the Reinstatement Fee, as I am sending you the amount of US\$ 150.00, plus the completed Form. I would like to ask you to please consider this, and file these as soon as possible.

If there is any other necessary information concerning this matter, please feel free to contact me. Thank you.

Sincerely,



LIANE CRISTINA BARROS
President
CORPO LATINO, CORP.
FEIN 65-1074671
777 NW 72nd Avenue, Suite 3KI
Miami, FL 33126