

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 23, 2002 8:00 am**  
**Secretary of State**


05-23-2002 90068 034 \*\*\*150.00

**DOCUMENT # P01000070907**  
 1. Entity Name  
**CUPON LATINO, INC.**

Principal Place of Business      Mailing Address  
 -1717 NORTH BAYSHORE AVENUE #2347      1717 NORTH BAYSHORE AVENUE #2347  
 MIAMI FL 33132      MIAMI FL 33132

2. Principal Place of Business      3. Mailing Address  
**1330 WEST AVENUE**      **1330 WEST AVE**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
**SUITE # 607**      **SUITE # 607**  
 City & State      City & State  
**MIAMI BEACH**      **MIAMI BEACH**

Zip      Country      Zip      Country  
**33139**           **33139**           **33139**           **33139**

  
 DO NOT WRITE IN THIS SPACE  
 4. FEI Number      Applied For  
**65-1122689**      Not Applicable  
 5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**  
**SCHWARTZ, MICHAEL**  
**2514 HOLLYWOOD BLVD SUITE 508**  
**HOLLYWOOD FL 33020**

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

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, 2002 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          | <b>D</b> <input type="checkbox"/> Delete |
| NAME           | <b>EDISIS, JACQUELINE</b>                |
| STREET ADDRESS | <b>1717 NORTH BAYSHORE AVENUE #2347</b>  |
| CITY-ST-ZIP    | <b>MIAMI FL 33132</b>                    |
| TITLE          | <input type="checkbox"/> Delete          |
| NAME           |  |
| STREET ADDRESS |  |
| CITY-ST-ZIP    |  |
| TITLE          | <input type="checkbox"/> Delete          |
| NAME           |  |
| STREET ADDRESS |  |
| CITY-ST-ZIP    |  |
| 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          | <b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | <b>EDISIS JACQUELINE</b>  |
| STREET ADDRESS | <b>1330 WEST AVENUE, # 607</b>  |
| CITY-ST-ZIP    | <b>MIAMI BEACH, FL 33139</b>  |
| 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    |   |
| 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: Jacqueline Edisis      4/29/02 561-289-2299  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (9/01)