

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 10, 2003 8:00 am**  
**Secretary of State**

02-10-2003 90135 012 \*\*\*150.00

**DOCUMENT # P01000070907**

1. Entity Name  
**CUPON LATINO, INC.**



Principal Place of Business  
**1330 WEST AVENUE  
SUITE 607  
MIAMI FL 33139**

Mailing Address  
**1330 WEST AVENUE  
SUITE 607  
MIAMI FL 33139**

**00021103**



2. Principal Place of Business  
**13030 Isabella Ter.**

3. Mailing Address  
**13030 Isabella Ter.**

CHECK HERE IF MAKING CHANGES

City & State  
**Delray Beach, FL**  
Zip  
**33446**  
Country  
**Palm Beach**

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**Delray Beach, FL**  
Zip  
**33446**  
Country  
**Palm Beach**

4. FEI Number  
**65-1122689**

Applied For  
 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  
**Jacqueline Edisis**  
Street Address (P.O. Box Number is Not Acceptable)  
**13030 Isabella Ter.**  
City  
**Delray Beach** FL Zip Code  
**33446**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Jacqueline Edisis, President**  
Signature, type or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>EDISIS, JACQUELINE</b> <b>1330 WEST AVENUE -SUITE 607</b> <b>MIAMI FL 33139</b>
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
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 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Jacqueline Edisis</b> <b>13030 Isabella Ter.</b> <b>Delray Beach, FL 33446</b>
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
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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 607, 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: **Jacqueline Edisis**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (10/02)