

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 26, 2000 8:00 am**  
**Secretary of State**

04-26-2000 90206 033 \*\*\*150.00

DOCUMENT #

P 99 06000 9604 ✓  
 N/C 2/29/2k

1. Entity Name  
 LATIN VENTURES 2000, INC.

0073847

Principal Place of Business  
 2524 Regal River Road  
 Valrico, Florida 33594

Mailing Address  
 2526 Regal River Road  
 Valrico, Florida 33594

2. Principal Place of Business  
 829 E. Bloomingdale Ave  
 Suite, Apt. #, etc.

3. Mailing Address  
 10661 SW 82 CT  
 Suite, Apt. #, etc.  
 MIAMI FL 33156

DO NOT WRITE IN THIS SPACE

City & State  
 BRANDON FL

City & State  
 Dade

Zip  
 33511

Country  
 Hillsborough

Zip  
 33156

Country  
 Dade

4. FEI Number  
 59-3558461

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
 Felix N. Oliu  
 2526 Regal River Road  
 Valrico, Florida 33594

7. Name and Address of New Registered Agent

Name  
 Jay M. Sakalo, Esq.

Street Address (P.O. Box Number is Not Acceptable)  
 Stroock & Stroock & Lavan LLP  
 200 So. Biscayne Blvd., Suite 3300

City  
 Miami

FL Zip Code  
 33131

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  Jay M. Sakalo DATE 4/19/00

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!!! FEE IS \$150.00**  
**AFTER MAY 1, 2000 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 NAME STREET ADDRESS CITY-ST-ZIP	P D Jorge A. Bonce 2532 SW 14 ST MIAMI, FL 33145	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST D Peter Oleck 10661 SW 82 CT MIAMI, FL 33156	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V D Judith Bonce 2537 SW 14 ST MIAMI, FL 33145	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V D Cary Oleck 10661 SW 82 CT MIAMI FL 33156	<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
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

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:  Peter Oleck DATE 4/17/00 305-499-2660

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)