

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 729336

1. Entity Name

LATIN-AMERICAN CLUB OF THE TREASURE COAST, INC.

Principal Place of Business

2013 SW TRENTON LANE
P.O. BOX 9111
PORT SAINT LUCIE FL 34985
US

Mailing Address

P. O. BOX 9111
PT. ST. LUCIE FL 34985
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1602648

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GUAYANA, OMAR
4440 SW ARCHER RD.
701
GAINESVILLE FL 32608

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

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution.

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\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE DV
NAME GUILLERMO, ROJAS
STREET ADDRESS 5220 STERLING CIR
CITY-ST-ZIP STUART FL

☐ Delete

TITLE DS
NAME VELASQUEZ, RAFAEL
STREET ADDRESS 22030 20TH AVE S.E., STE 102
CITY-ST-ZIP BOTHELL WA 98021

☐ Delete

TITLE PD
NAME GUAYANA, OMAR
STREET ADDRESS 4440 SW ARCHER RD. # 701
CITY-ST-ZIP GAINESVILLE FL 32608

☐ Delete

TITLE DT
NAME GEORGE GUAYANA
STREET ADDRESS 2013 SW TRENTON LANE
CITY-ST-ZIP PT. ST. LUCIE FL 34985

☐ Delete

TITLE
NAME
STREET ADDRESS
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CITY-ST-ZIP

☐ Change ☐ 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 617, 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:

SIGNATURE REQUIRED OMAR GUAYANA

Date

Daytime Phone #

FILED
Apr 23, 2002 8:00 am
Secretary of State

04-23-2002 90452 001 *****5.00

04-23-2002 90452 002 *****8.75

04-23-2002 90452 003 *****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)