

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 745145

1. Entity Name

SOCIEDAD LATINOAMERICANA DE CRIMINALISTICA, INC.

Principal Place of Business

Mailing Address

INC.
230 S.W. 63RD COURT
MIAMI FL 33144

INC.
230 S.W. 63RD COURT
MIAMI FL 33144-3142

2. Principal Place of Business

9365 S.W. 21 St.

3. Mailing Address

9365 S.W. 21 St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Miami, Florida

City & State
Miami, Florida

Zip
33165

Country
U.S.A.

Zip
33165

Country
U.S.A.

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ARCANO, MARIO
230 S.W. 63RD COURT
MIAMI FL 33144

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

Mario Arcano

MARIO ARCANO

6/19/00

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. ☐

\$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 NAME STREET ADDRESS CITY-ST-ZIP	PD ALMEIDA, IVAN 11498Z S.W. 109 RD MIAMI FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ALFONSO, JUSTO 275 NW 2 ST. MIAMI FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SANCHEZ, CONSUELO 1418 LENOX AVENUE MIAMI FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GONZALEZ, BRAULIO (2ND V 767 NE 164 TERR N. MIAMI BEACH FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ARCANO, MARIO 230 S.W. 63RD COURT MIAMI FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MARTIN, GUILLERMO J. 4605 S W 133 COURT MIAMI FL	<input type="checkbox"/> Delete

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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition T SANCHEZ, CONSUELO 13712 S.W. 14 Street MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition SD ARCANO, MARIO 9365 S.W. 21 Street Miami, FL 33165
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 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:

Mario Arcano REQUIRED MARIO ARCANO 6/19/00 (305) 207-4465

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jul 10, 2000 8:00 am
Secretary of State

07-10-2000 90015 029 ****70.00



DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE Applied For Not Applicable

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

CR2E037 (9/99)