

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 01, 2003 8:00 am**  
**Secretary of State**

05-01-2003 90402 050 \*\*\*\*61.25

**DOCUMENT # 745145**

1. Entity Name

**SOCIEDAD LATINOAMERICANA DE CRIMINALISTICA, INC.**



Principal Place of Business

**9365 S.W. 21 STREET  
MIAMI FL 33165**

Mailing Address

**9365 S.W. 21 STREET  
MIAMI FL 33165**

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 **NOT APPLICABLE**

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name **MARIO ARCANO**

Street Address (P.O. Box Number is Not Acceptable)

**9365 S.W. 21 STREET**

**MIAMI, FLORIDA**

City

**FL**

Zip Code

**33165**

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

*Mario Arcano*

**MARIO ARCANO**

**4/25/03**

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete  
NAME **ALMEIDA, IVAN**  
STREET ADDRESS **11498Z S.W. 109 RD**  
CITY-ST-ZIP **MIAMI FL**

TITLE **V** ☐ Delete  
NAME **ALFONSO, JUSTO**  
STREET ADDRESS **275 NW 2 ST.**  
CITY-ST-ZIP **MIAMI FL**

TITLE **T** ☐ Delete  
NAME **SANCHEZ, CONSUELO**  
STREET ADDRESS **13715 SW. 14TH ST**  
CITY-ST-ZIP **MIAMI FL 33184**

TITLE **V** ☐ Delete  
NAME **GONZALEZ, BRAULIO (2ND V**  
STREET ADDRESS **767 NE 164 TERR**  
CITY-ST-ZIP **N. MIAMI BEACH FL**

TITLE **SD** ☐ Delete  
NAME **ARCANO, MARIO**  
STREET ADDRESS **9365 SW 21ST STREET**  
CITY-ST-ZIP **MIAMI FL 33165**

TITLE **VP** ☐ Delete  
NAME **MARTIN, GUILLERMO J.**  
STREET ADDRESS **4605 S W 133 COURT**  
CITY-ST-ZIP **MIAMI FL**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 (4/25/03/305) 207-4465**

CR2E037 (10/02)