

**2002 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 16, 2002 8:00 am
Secretary of State

05-16-2002 90004 040 ***150.00

DOCUMENT # 838562

1. Entity Name

LATIN AMERICAN INVESTMENT CORPORATION (LAICO), A

656260

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1101 Brickell Ave.

3. Mailing Address

1101 Brickell Ave.

Suite, Apt. #, etc.

Ste 1700

Suite, Apt. #, etc.

Ste 1700

City & State

Miami, FL 33131

City & State

Miami, FL 33131

4. FEI Number

65-0137078

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
Demos, Angelo P.

Street Address (P.O. Box Number is Not Acceptable)
1101 Brickell Ave., Ste 1700

City
Miami

FL 33131

**DO NOT WRITE
IN THIS SPACE**

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 date if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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-STATE-ZIP
PSD
PAREJA, CECILIA G.
600 Grapetree Dr. 5A-S
Key Biscayne, FL 33149

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
STD
GUARDERAS, LEONARDO
600 Grapetree Dr., 5A-S
Key Biscayne, FL 33149

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Cecilia G. Pareja*
CECILIA G. PAREJA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

✓ 4-18-02

✓ 305-361-2581

Date

Daytime Phone #

CR2E034B (12/01)