

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # B01000000268

1. Entity Name

LATIN AMERICAN COMMUNICATIONS PARTNERS-A, LP

FILED

02 MAY -3 PM 1:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

101 EAST KENNEDY BLVD., SUITE 3300  
TAMPA FL 33602

Mailing Address

101 EAST KENNEDY BLVD., SUITE 3300  
TAMPA FL 33602

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DUE BY MAY 1, 2002

Zip

Country

Zip

Country

4. FEI Number

52-2332568

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

Name

David A. Burns

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

101 E. Kennedy Blvd. Ste. 3300

City

Tampa

FL

Zip Code

33602

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.

David A. Burns

4/29/02

DATE

9. Capital Contributions  
as Shown on record.

\$75.00

10. Amount of Capital Contributions  
in FLORIDA to date.

\$75.00

11. MAKE CHECK PAYABLE TO DEPT. OF STATE  
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # B01000000268  
NAME LATIN AMERICAN INVESTMENT PARTNERS, LP  
STREET ADDRESS 101 EAST KENNEDY BLVD., SUITE 3300  
CITY-ST-ZIP TAMPA FL 33602

STREET ADDRESS

CITY-ST-ZIP

300005577293--0

05/21/02 01060 004

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STREET ADDRESS

CITY-ST-ZIP

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Ming Jung

4/23/02

813.226.8844

Date

Daytime Phone #

CR2E003 (9/01)

0004286 AV