

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Mar 23, 2001 08:00 AM**
Secretary of State**DOCUMENT # F00000001983**1. Entity Name
LATPRO, INC.

Principal Place of Business 8751 WEST BROWARD BOULEVARD PLANTATION FL 33324	Mailing Address 8751 WEST BROWARD BOULEVARD PLANTATION FL 33324
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2. Principal Place of Business 8751 WEST BROWARD BOULEVARD	3. Mailing Address 8751 WEST BROWARD BOULEVARD
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Suite, Apt. #, etc. SUITE 404	Suite, Apt. #, etc. SUITE 404
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City & State PLANTATION FL	City & State PLANTATION FL
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Zip 33324	Country	Zip 33324	Country
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4. FEI Number 65-0984766	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered AgentCLEMENT NATE
8751 WEST BROWARD BOULEVARD

PLANTATION FL 33324 US**7. Name and Address of New Registered Agent**Name
CLEMENT NATE CCOO
Street Address (P.O. Box Number is Not Acceptable)
8751 WEST BROWARD BOULEVARD
SUITE 404
City
PLANTATION FL Zip Code
33324

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 **NATHAN CLEMENT****03/23/2001**

Signature, typed or printed name of registered agent and title 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) ☐**FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees**11. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GOLDEN CLARK 8751 WEST BROWARD BOULEVARD PLANTATION FL 33324 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SHANNON CAROLINA 8751 WEST BROWARD BOULEVARD PLANTATION FL 33324 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CLEMENT NATE 8751 WEST BROWARD BOULEVARD PLANTATION FL 33324 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PC SHANNON ERIC 8751 WEST BROWARD BOULEVARD PLANTATION FL 33324 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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 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 type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Clark Golen

CFO

03/23/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)