

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 17, 2001 8:00 am
Secretary of State

09-17-2001 90132 037 ***550.00

DOCUMENT # F00000002892

1. Entity Name
LATINWAY.COM, INC.

Principal Place of Business
**8180 N.W. 36TH STREET, SUITE 101
MIAMI FL 33166**

Mailing Address
**8180 N.W. 36TH STREET, SUITE 101
MIAMI FL 33166**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
65-0946406

Applied For
Not Applicable

Zip Country

Zip Country

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

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525**

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 _____
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 \$550.00
After September 12, 2001 Fee will be \$750.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☐ Delete
PTD CONTRERAS, DAVID
STREET ADDRESS **8180 N.W. 36TH STREET, SUITE 101**
CITY-ST-ZIP **MIAMI FL 33166**

TITLE NAME ☒ Change ☐ Addition
1825 Ponce de Leon Blvd. Na 400
STREET ADDRESS **Coral Gables, FL 33134 - 4418**
CITY-ST-ZIP

TITLE NAME ☒ Delete
VSD GLICK, LORI
STREET ADDRESS **8180 N.W. 36TH STREET, SUITE 101**
CITY-ST-ZIP **MIAMI FL 33166**

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

TITLE NAME ☐ Delete
AS BAKAL, SCOTT J
STREET ADDRESS **2 NORTH LASALLE STREET, SUITE 2200**
CITY-ST-ZIP **CHICAGO IL 60602**

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☒ Addition
D/V ALEX ALVARADO
STREET ADDRESS **5560 NW 114th Ave Apt. 104**
CITY-ST-ZIP **Miami, FL 33178**

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

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: **ALEX ALVARADO**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/10/01

Date

305-406-9091

Daytime Phone #

CR2E034 (5/01)