

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F00000005471

1. Entity Name
LATIN 3, INC.

FILED
May 03, 2001 8:00 am
Secretary of State
05-03-2001 90097 041 ***158.75

019783

Principal Place of Business 7000 ISLAND BOULEVARD, SUITE 2403 MIAMI FL 33160	Mailing Address 7000 ISLAND BOULEVARD, SUITE 2403 MIAMI FL 33160
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2. Principal Place of Business 7700 Home deloon Suite, Apt. #, etc. 305	3. Mailing Address Suite, Apt. #, etc.
City & State Coral Gables, FL	City & State
Zip 33134	Country

DO NOT WRITE IN THIS SPACE

4. FE Number 65-1043217	APPLIED FOR	Applied For
		Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		

6. Name and Address of Current Registered Agent MCREDDIE, MARIA WHITE & CASE LLP 200 S. BISCAYNE BLVD., SUITE 4900 MIAMI FL 33131

7. Name and Address of New Registered Agent
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

30/4/2001

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 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 STREET ADDRESS CITY-ST-ZIP	PSTC PEREL, MATIAS 7000 ISLAND BOULEVARD, SUITE 2403 MIAMI FL 33160 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

30/4/2001 (305) 444-1661
Date Daytime Phone #

CR2E034 (10/00)