

(Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:			
(Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status	(Requestor's Name)		
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Office Use Only



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AFFICIANT OF OFFICE

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June 18, 2018

CARLOS EDUARDO BURGOS GONZALEZ LATIN AMERICAN CONSULTANTS LLC 150 S PINE ISLAND RD, SUITE 300 PLANTATION, FL 33324

SUBJECT: UNIFORMES L.P.W., C.A. CORPORATION

Ref. Number: F18000002062

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The form you submitted is for a FLORIDA CORPORATION, but your entity is a FOREIGN CORPORATION. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Susan Tallent Regulatory Specialist II

Letter Number: 018A00012656

JUN 28

COVER LETTER

TO: Amendment Section Division of Corporations	
	Name of Corporation
DOCUMENT NUMBER: 于180	00001062
The enclosed Affidavit by Foreign Corpor submitted for filing.	ation to Change/Add Officer(s) and/or Director(s) and fee are
Please return all correspondence concerning	g this matter to the following:
Name of Contact Person	<u>></u>
Late & A mas an Firm/Company	Comaltants LLC
150 6 Proe Isla	3 Pd. Suite 300.
Plantation, FL 33 City/State and Zip Code	324
E-mail address: (to be used for future ann	mercen consoltants. S.
For further information concerning this ma	tter, please call:
Carlos Burgos Name of Contact Person	at (CSI) 655—UVG Area Code & Daytime Telephone Number
Enclosed is a check made payable to the Fl	forida Department of State for the following amount:
S35.00 Filing Fee S43.75 Filing Fee & Certificate of State	\$ 43.75 Filing Fee & \$\int \\$52.50 Filing Fee,
Mailing Address: Amendment Section Division of Corporations P.O. Box 6327	Street Address: Amendment Section Division of Corporations Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

Tallahassee, FL 32314



FLORIDA DEPARTMENT OF STATE **DIVISION OF CORPORATIONS**

AFFIDAVIT BY FOREIGN CORPORATION TO CHANGE/ADD OFFICER(S) AND/OR DIRECTOR(S)

(Note: Applicable only during the	first calendar year of qualification)
• • • • • • • • • • • • • • • • • • • •	rs on the records of the Florida Department of State is: ., C. A. CORDOR ATTON
2. This entity was authorized to transact business in	n Florida on 4/30/2010 and its Florida document
number is F1B 0000 2062	
3. This corporation was formed under the laws of _	Verezuela
4. The name and address of each officer and/or dire	ector is as follows:
Title:	Name and Address José O Chaer
<u> </u>	Omar El Claer
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	දිද්ද ක් . ආදා <u>ද</u>
	<u> </u>
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	<u>~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~</u>
(Attach additional p	ages if necessary)
Thursday &	C
Signature of an officer or director	Title of person signing
Typed or printed name of person signing	FILING FEE \$35
1) ped of printed name of person signing	

Make checks payable to Florida Department of State and Mail to: Division of Corporations*PO Box 6327*Tallahassee, FL 32314

CR2E127 (8/08)