

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 14, 2003 8:00 am
Secretary of State

08-14-2003 90068 018 ***550.00

DOCUMENT # F94000004805

1. Entity Name
LA TISI, S.A.



Principal Place of Business
% HAROLD CHOPP, P.A.
200 S. BISCAYNE BLVD. SUITE 4950
MIAMI FL 33131

Mailing Address
% HAROLD CHOPP, P.A.
200 S. BISCAYNE BLVD. SUITE 4950
MIAMI FL 33131



2. Principal Place of Business
COSTA RICA

3. Mailing Address
% HAROLD CHOPP, P.A.

Suite, Apt. #, etc.
P.O. BOX 10030-1000

Suite, Apt. #, etc.
200 S. Bisc Blvd. Suite 4950

City & State
SAN JOSE

City & State
MIAMI FLORIDA 33131

Zip Country
COSTA RICA

Zip Country
33131 U.S.A

4. FEI Number 98-0059590

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

CHOPP, HAROLD ESQ.
200 S. BISCAYNE BLVD
SUITE 4950
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	ESQUIVEL, MARTA EUGENIA H	
STREET ADDRESS	% HAROL CHOPP, ESQ., 200 S. BISCAYNE BLVD	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	P	<input type="checkbox"/> Delete
NAME	CALDERON, ROBERTO	
STREET ADDRESS	% HAROL CHOPP, ESQ., 200 S. BISCAYNE BLVD	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE _____ DATE 4-03 (305) 371-2212

CR2E034 (10/02)