

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 17, 2003 8:00 am**  
**Secretary of State**

02-17-2003 90225 019 \*\*\*150.00

**DOCUMENT # F95000002774**



1. Entity Name  
**BARING LATIN AMERICA CAPITAL CORPORATION, INC.**

Principal Place of Business  
**GRAND BAY PLAZA, 2665 S. BAYSHORE DR.  
SUITE 1101  
COCONUT GROVE FL 33133**

Mailing Address  
**GRAND BAY PLAZA, 2665 S. BAYSHORE DR.  
SUITE 1101  
COCONUT GROVE FL 33133**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>65-0586176</b>		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent							
<b>KUCZUNSKI, PEDRO-PABLO</b> <b>2665 S. BAYSHORE DRIVE</b> <b>#1101</b> <b>COCONUT GROVE FL 33133</b>				Name							
				Street Address (P.O. Box Number is Not Acceptable)							
				City				<b>FL</b>		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 \_\_\_\_\_ DATE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	PD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KUCZUNSKI, PEDRO P			NAME			
STREET ADDRESS	GRAND BAY PLAZA, 2665 S. BAYSHORE DR #1101			STREET ADDRESS			
CITY-ST-ZIP	COCONUT GROVE FL 33133			CITY-ST-ZIP			
TITLE	STMD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SEPULVEDA, GERARDO			NAME			
STREET ADDRESS	GRAND BAY PLAZA, 2665 S. BAYSHORE DR #1101			STREET ADDRESS			
CITY-ST-ZIP	COCONUT GROVE FL 33133			CITY-ST-ZIP			
TITLE	C	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DARE, JOHN			NAME			
STREET ADDRESS	60 LONDON WALL			STREET ADDRESS			
CITY-ST-ZIP	LONDON ENGLAND EC2M -5TQ			CITY-ST-ZIP			
TITLE	MD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ELEJALDE, EDUARDO			NAME			
STREET ADDRESS	GRAND BAY PLAZA, 2665 S. BAYSHORE DR #1101			STREET ADDRESS			
CITY-ST-ZIP	COCONUT GROVE FL 33133			CITY-ST-ZIP			
TITLE	MD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MONTERO, FERNANDO			NAME			
STREET ADDRESS	GRAND BAY PLAZA, 2665 S. BAYSHORE DR #1101			STREET ADDRESS			
CITY-ST-ZIP	COCONUT GROVE FL 33133			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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:** SIGN. GERARDO SEPULVEDA **Feb 13/03 (20) 285-7995**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)