## **2003 FOR PROFIT CORPORATION** UNIFORM BUSINESS REPORT (UBR)

## H48403 **DOCUMENT #**

1. Entity Name



## Mar 07, 2003 8:00 am Secretary of State 03-07-2003 90113 007 \*\*\*150.00 **FILED**

LATONI, I	NC.											
Principal Plac C/O CARLOS 611 GREYTWK VERO BEACH	g RD	Mailing Address C/O CARLOS LATONI 611 GREYTWIG RD VERO BEACH FL 32963										
2. Principal P	Place of Business	3. Mailing Address					1 1881811 0:111 8(881 1916) \$1811 9311	OU ILAN UNUN DA	DEN BURDIE BURDI	AFBIT BIGHT FOOL		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES						
City & State			City & State			4.	FEI Number <b>59-2520506</b>			Applied For Not Applicable		
Zip	Country				try				<b>\$8.75</b> A Fee Requir	5 Additional equired		
6. Name and Address of Current Registered Agent							7. 1	Name and Address of New R	egistered /	Agent		1
						Name						
LATONI, C		185				Street Address (P.O. Box Number is Not Acceptable)						
VERO BEACH FL 32963												1
					City			FL	Zip Co	ıde	1	
	named entity su tions of registered		the purp	oose of changing its re	egistere	ed office or register	ed ag	ent, or both, in the State of Flo	rida. Lam f	amiliar with	n, and accept	
SIGNATURE .												
· ·	Signature, typed or pri	nted name of registered agent an	d title if ap	plicable. (NOTE: F	Registered	d Agent signature required	l when re	einstating)	DATE			1
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State					<b>-</b>	ريد فيعضدين دم		9. Election Campaign Fin Trust Fund Contribution			00 May Be ed to Fees	
10.		OFFICERS AND D	3					<u> </u>    DITIONS/CHANGES TO OFF	ICEBS AND	DIRECTO	DC INI 11	-
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NAME	LATONI, CARI	LOS		Li Delete	NAME	. 1				Onlings		15
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CITY-ST-ZIP						ST-ZIP						
<ol><li>12. I hereby c</li></ol>	certify that the info	ormation supplied with the	nis filina	does not qualify for th	ne even	antion etated in Sec	ction 1	119 07(3)(i) Florida Statutes II	further cort	ify that the	information	1

release sensity that the minormation supplied with this initing does not quality 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:** 

772-231-0712