02-09-2001 90221 004 \*\*\*150.00

## Feb 09, 2001 8:00 am **Secretary of State**

LATINO AMERICAN MARKET, INC. Principal Place of Business Mailing Address

2001 UNIFORM BUSINESS REPORT (UBR)

1132 S. FLORIDA VE. 1132 S. FLORIDA AVE. LAKELAND FL 33803 LAKELAND FL 33803

**DOCUMENT # H93570** 

2. Principal Place of Business

Suite, Apt. #, etc.

SIGNATURE

Suite, Apt. #, etc.

3. Mailing Address

C0019647 

DO NOT WRITE IN THIS SPACE

Applied For City & State City & State 4. FEI Number 59-2659552 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent~ 7.-Name and Address of New Registered Agent-NAVIA, JUAN J.

1132 S. FLORIDA AVE. LAKELAND FL 33803

Street Address (P.O. Box Number is Not Acceptable)

City

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, typed or printed name of registered agent and title if applicable. 9. This corporation is eligible to satisfy its intangible

Tax filling requirement and elects to do so.

FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State

(NOTE: Registered Agent signature required when reinstating)

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Zip Code

(See criteria on back) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Delete ☐ Addition TITLE ☐ Change TITLE NAVIA, JUAN J. NAME NAME STREET ADDRESS 1132 S. FLORIDA AVE. STREET ADDRESS CITY-ST-ZIP LAKELAND FL CITY-ST-ZIP TITLE Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. I hereby certify that the information supplied with this filling 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:

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E034 (10/00)