

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2002 8:00 am
Secretary of State

04-17-2002 90022 005 ****50.00

DOCUMENT # L00000005207

1. Entity Name

LATIN AMERICA BUSINESS ENABLING GROUP, L.L.C.

Principal Place of Business

**14638 S.W. 35 COURT
 MIRAMAR FL 33027**

Mailing Address

**14638 S.W. 35 COURT
 MIRAMAR FL 33027**

2. Principal Place of Business

4039 PALM PLACE

3. Mailing Address

4039 PALM PLACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

WESTON FLORIDA

City & State

WESTON FLORIDA

Zip

33331

Country

USA

Zip

33331

Country

USA

4. FEI Number

65-1009632 APPLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**CASTILLO, ALBERTO
 14638 S.W. 35 COURT
 MIRAMAR FL 33027**

Name

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

City

FL

Zip Code

7. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00
 Make Check Payable to Department of State
 Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE **P** ☐ Delete
 NAME **CASTILLO, ALBERTO**
 STREET ADDRESS **5301 BLUE LAGOON DR., SUITE 190**
 CITY-ST-ZIP **MIAMI FL 33426**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **PROFIDANT** ☒ Change ☐ Addition
 NAME **CASTILLO, ALBERTO**
 STREET ADDRESS **4039 PALM PLACE**
 CITY-ST-ZIP **WESTON, FL 33331**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

04/07/2002 305.3744443

CR2E083 (9/01)