

2001 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

01 APR 11 PM 3:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L00000000985**

1. Entity Name

LATIN TOUCH RESTAURANTS & HOTELS

Principal Place of Business

Mailing Address

CORAL SPRINGS

**1158 University Dr.
Florida 33071**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1016054

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FRANCISCO ROSEDO

Name

FRANCISCO ROSEDO

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

1158 UNIVERSITY DR.

City

CORAL SPRINGS

FL

Zip Code

33071

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

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE **PRESIDENT** ☐ Delete
NAME **FRANCISCO ROSEDO**
STREET ADDRESS **1158 University Dr.**
CITY-ST-ZIP **CORAL SPRINGS, FL 33071**

TITLE ☐ Change ☐ Addition
NAME **700004033477--6**
STREET ADDRESS **-04/19/01--01098--019**
CITY-ST-ZIP *******50.00 *****50.00** ☐ Change ☐ Addition

TITLE **SECRETARY** ☐ Delete
NAME **HERNAN DAVALA**
STREET ADDRESS **CALLE LA COLINA S.N.**
CITY-ST-ZIP **QUITO-ECUADOR**

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

TITLE **TREASURER** ☐ Delete
NAME **ANDRE OSTOL**
STREET ADDRESS **P. WILSON**
CITY-ST-ZIP **QUITO-ECUADOR**

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

TITLE ☐ Delete
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

APRIL-6-01 954-755-5488

Date

Daytime Phone #

CP2E083(1/100)