

APPROVED
AND
FILED

01 MAY -8 PM 2:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000008154

1. Entity Name

NEW LATIN PROFILE, LLC.

Principal Place of Business

Mailing Address

270 NORTH EAST 70TH STREET 270 NORTH EAST 70TH STREET

MIAMI, FL 33138

MIAMI, FL 33138

000004191760--0

-05/09/01--01128--020

*****50.00 *****50.00

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FE Number

Applied For

Not Applicable

65-1022919

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

SPIEGEL & UTRERA, P.A.

343 ALMERIA AVENUE

CORAL GABLE, FL 33134

Name

SPIEGEL & UTRERA, P.A.

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

1840 Southwest 22 Street

City

4th Floor
Miami, Florida

FL

Zip Code
33145

8. The above named entity authorizes this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

By: Spiegel & Utrera, P.A.
Rosalba Utrera, Vice PresidentMay 8, 2001
DATEFILE NOW WITH FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE	OPERATING MANAGER	☐ Delete
NAME	ANDRES NOVOA PINEDA	
STREET ADDRESS	270 NORTH EAST 70TH STREET	
CITY-STATE-ZIP	MIAMI, FL 33138	

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

TITLE	VICE-OPERATING MANAGER	☐ Delete
NAME	ROSALBA NOVOA PINEDA	
STREET ADDRESS	270 NORTH EAST 70TH STREET	
CITY-STATE-ZIP	MIAMI, FL 33138	

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

TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

TITLE		☐ Change ☐ Addition
NAME		
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TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-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: ANDRES NOVOA PINEDA Operating Manager

SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING MEMBER OR MANAGER

Date

Officer/Manager

CR00000008154