

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 01, 2002 8:00 am**  
**Secretary of State**

05-01-2002 91481 048 \*\*\*\*55.00

**DOCUMENT # L01000001345**

1. Entity Name

LATIN AM, L.L.C.

Principal Place of Business

1101 BRICKELL AVE., SUITE 1400  
 C/O NICOLAS J. GUTIERREZ JR., ESQ.  
 MIAMI FL 33131

Mailing Address

1101 BRICKELL AVE., SUITE 1400  
 C/O NICOLAS J. GUTIERREZ JR., ESQ.  
 MIAMI-FL 33131

2. Principal Place of Business

2655 LEJUNE ROAD

3. Mailing Address

P.O. BOX 143-557

Suite, Apt. #, etc.

SUITE # 500

Suite, Apt. #, etc.

C/OA. DIAZ-MASVIDAL

City & State

CORAL GABLES, FL

City & State

CORAL GABLES, FL

Zip

33146

Country

U.S.A.

Zip

33114

Country

U.S.A.



DO NOT WRITE IN THIS SPACE

4. FEI Number

Applied For

☒ Not Applicable

5. Certificate of Status Desired

☒ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

GUTIERREZ, NICOLAS J JR, ESQ  
 1101 BRICKELL AVE., SUITE 1400  
 MIAMI FL 33131

7. Name and Address of New Registered Agent

Name DR. ALBERTO DIAZ-MASVIDAL

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

2655 LEJUNE ROAD

SUITE 500

City

CORAL GABLES

FL

Zip Code

33146

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 4/22/02

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

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR	<input type="checkbox"/> Delete
NAME	DIAZ-MASVIDAL, ALBERTO	
STREET ADDRESS	2655 LEJUNE ROAD SUITE 500	
CITY-ST-ZIP	CORAL GABLES FL 33146	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	DIAZ-MASVIDAL, GERTRUDIS	
STREET ADDRESS	2655 LEJUNE ROAD SUITE 500	
CITY-ST-ZIP	CORAL GABLES FL 33146	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	DIAZ-MASVIDAL, ADRIANA	
STREET ADDRESS	2655 LEJUNE ROAD SUITE 500	
CITY-ST-ZIP	CORAL GABLES FL 33146	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	MASVIDAL VISSER, MARIA	
STREET ADDRESS	2655 LEJUNE ROAD SUITE 500	
CITY-ST-ZIP	CORAL GABLES FL 33146	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 REQUIRED: Alberto Diaz-Masvidal

4/23/02 (305)461-1772

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

Date Daytime Phone #

CR2E083 (9/01)