

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 19, 2003 8:00 am**  
**Secretary of State**

05-19-2003 90070 032 \*\*\*\*50.00

**DOCUMENT # L02000026629**

1. Entity Name

**S.S. LATIN AMERICA ENTERPRISES, LLC**



Principal Place of Business

Mailing Address

724 WOODCREST RD  
KEY BISCAYNE FL 33149  
US

724 WOODCREST RD  
KEY BISCAYNE FL 33149  
US

2. Principal Place of Business

*250 Cypress Drive*

3. Mailing Address

*250 Cypress Drive*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

*Key Biscayne FL*

City & State

*Key Biscayne FL*

Zip *33149*

Country *Dade*

Zip *33149*

Country *Dade*

4. FEI Number

*14-1856565*

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**STANLEY, SEAN**

**724 WOODCREST RD  
KEY BISCAYNE FL 33149**

7. Name and Address of New Registered Agent

Name

*Sean Stanley*

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

*250 Cypress Drive*

City

*Key Biscayne*

FL

Zip Code

*33149*

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

*4/14/03*

**FILE NOW!!! FEE IS \$50.00**

**Make Check Payable to Florida Department of State  
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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	<i>Sean Stanley President</i>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<i>250 Cypress Drive</i>	
STREET ADDRESS	<i>Key Biscayne FL 33149</i>	
CITY-ST-ZIP		
TITLE	<i>Vice President</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<i>Edgar Salgado</i>	
STREET ADDRESS	<i>250 Cypress Dr.</i>	
CITY-ST-ZIP	<i>Key Biscayne FL 33149</i>	
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
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:

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

*4/14/03*  
Date

*305 774-2121*  
Daytime Phone #

CR2E083 (10/02)