

# LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT

# LOA000029672

10/2

DOCUMENT # L02000029672

1. Entity Name

LATIN MARKETING REPRESENTATION L.L.C.



FILED

2003 OCT 23 AM 10:00

DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

1110 BRICKELL AVE.

3. Mailing Address

2121 PONCE DE LEON BLVD.

Suite, Apt. #, etc.

SUITE 430

Suite, Apt. #, etc.

SUITE 240

City & State  
MIAMI, FL.

City & State  
CORAL GABLES, FL.

4. FEI Number

54-2083263

Applied For

Not Applicable

Zip  
33131

Country

Zip  
33134

Country

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name GABRIEL PRATS

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

2121 PONCE DE LEON BLVD. SUITE 240

City CORAL GABLES,

FL

Zip Code  
33134

**DO NOT WRITE  
IN THIS SPACE**

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

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

10-21-03

DATE

**FEE IS \$50.00**

**Make Check Payable to Florida Department of State  
DUE BY MAY 1**

9. MANAGING MEMBERS / MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DIRECTOR  
LILIANA CADAVID  
1110 BRICKELL AVE. SUITE 430  
MIAMI FL 33131**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MANAGER  
GLADYS GUTIERREZ  
1110 BRICKELL AVE. SUITE 430  
MIAMI FL 33131**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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**REINSTATEMENT**

2003

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 #

CR2F083R (12/02)

**LATIN MARKETING REPRESENTATION L.L.C.**  
2121 Ponce de Leon Blvd. Suite 240  
Coral Gables, FL 33134

29/2  
**FILED**

2003 OCT 23 AM 10:00

DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

October 21, 2003

**Uniform Business Report**  
**Division of Corporations**  
**P.O. Box 1500**  
**Tallahassee, FL 32302-1500**

To whom it may concern:

Our Accountants have checked the records at the Division of Corporations and found that the 2003 Uniform Business Report (U.B.R) for our company has not been filed.

According to our records we didn't received the 2003 U.B.R form. Enclosed is a completed 2003 U.B.R. and a check for \$ 55.00. We hereby request an abatement of the filling late penalties.

If you have any questions, please call our accountants Prats Fernandez & Co. at Tel: (305) 444-8333.

Sincerely,

  
**LATIN MARKETING REPRESENTATION L.L.C.**