

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000005031

1. Entity Name
LATIN AMERICA SUBTITLING & TRANSLATION, L.L.C.

FILED

01 MAY -2 PM 1:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

6910 SW 44 STREET
SUITE 107 LUDLAM POINT
MIAMI FL 33155

Mailing Address

6910 SW 44 STREET
SUITE 107 LUDLAM POINT
MIAMI FL 33155



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

6890 SW 44th STREET

3. Mailing Address

6890 SW 44th STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 210 LUDLAM POINT

SUITE 210 LUDLAM POINT

City & State

City & State

MIAMI, FL

MIAMI, FL

Zip

Country

33155

USA

Zip

Country

33155

USA

4. FEI Number

65-0941694

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

TITLE MGR ☐ Delete
NAME DAVILA, ALFREDO L
STREET ADDRESS 6910 SW 44 STREET SUITE 107 LUDLAM POINT
CITY-ST-ZIP MIAMI FL 33155

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 6890 SW 44th STREET, SUITE 210 LUDLAM POINT
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 200004316172--6
CITY-ST-ZIP -05/24/01--01105--022
*****50.00 *****50.00

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

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

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: DAVIDA ALFREDO L.

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

Date

Daytime Phone #

04/30/01 (305) 667-3418

CR2E083 (11/00)