

# 2000 UNIFORM BUSINESS REPORT (UBR)

L99000008720

## DOCUMENT #

1. Entity Name

LATIN AMERICAN TECHNOLOGIES, L.L.C.

FILED

00 APR 11 PM 4:58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

c/o Luis Oberndorfer  
7303 N.W. 77th Terrace  
Miami, FL 33166

Mailing Address

c/o Luis Oberndorfer  
7303 N.W. 79th Terrace  
Miami, Florida 33166

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0979704

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

Nicolas J. Gutierrez, Jr., Esq.  
1102 Brickell Ave., Suite 1401  
Miami, Florida 33131

7. Name and Address of New Registered Agent

Name Nicolas J. Gutierrez, Jr., Esq.

Street Address (P.O. Box Number is Not Acceptable)  
1101 Brickell Avenue

Suite 1400

City Miami

FL

Zip Code 33131

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 Nicolas J. Gutierrez, Jr., Esq.

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. Managers / MANAGING MEMBERS/MEMBERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Manager Solorzano, Dario 7303 N.W. 79th Terrace Miami, FL 33166	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Manager Vazquez, Pablo 7303 N.W. 79th Terrace Miami, FL 33166	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Manager Gutierrez, Nicolas J., Jr. 1101 Brickell Ave., Ste. 1400 Miami, FL 33131	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	600003213336--9 -04/18/00--01108--002 *****50.00 *****50.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

(305) 373-0330

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

Nicolas J. Gutierrez, Jr., 3/7/00

CR2E083 (11/99)