

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000008720

1. Entity Name

LATIN AMERICAN TECHNOLOGIES, L.L.C.

FILED

01 JAN 29 PM 4:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

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. 77TH TERRACE  
MIAMI FL 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

6. Name and Address of Current Registered Agent

GUTIERREZ JR, NICOLAS J  
1102 BRICKELL AVE., STE 1400  
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name LUIS OBERNDORFER

Street Address (P.O. Box Number is Not Acceptable)  
7303 NW 79th Terrace

City Miami

FL

Zip Code 33166

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

300003623623--7  
-02/01/01--01114--025  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

9. MANAGING MEMBERS/MEMBERS

TITLE MGR  
NAME SOLORZANO, DORIO  
STREET ADDRESS 7303 N.W. 79TH TERRACE  
CITY-ST-ZIP MIAMI FL 33166 ☐ Delete

TITLE MGR  
NAME VAZQUEZ, PABLO  
STREET ADDRESS 7303 N.W. 79TH TERRACE  
CITY-ST-ZIP MIAMI FL 33166 ☐ Delete

TITLE MGR  
NAME GUTIERREZ, NICOLAS J JR.  
STREET ADDRESS 1101 BRICKELL AVENUE, SUITE 1400  
CITY-ST-ZIP MIAMI FL 33131 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

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

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

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

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

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

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

SIGNATURE:

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

Date

Daytime Phone #

01/16/01

3058844661

CR2E083 (11/00)