

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 06, 2001 8:00 am
Secretary of State

02-06-2001 90285 028 ***150.00

DOCUMENT # M46202

1. Entity Name

LATOUR INVESTMENTS, INC.

Principal Place of Business

C/O LUIS LATOUR
7339 N.W. 66 ST.
MIAMI FL 33166

Mailing Address

C/O LUIS LATOUR
7339 N.W. 66 ST.
MIAMI FL 33166

2. Principal Place of Business

2795 NW 105 AVE

Suite, Apt. #, etc.

3. Mailing Address

2795 NW 105 AVE

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33172

Country

DADE

Zip

33172

Country

DADE

4. FEI Number

65-0251837

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**LATOUR, LUIS
7339 N.W. 66 ST.
MIAMI FL 33166**

7. Name and Address of New Registered Agent

Name **LATOUR, LUIS M. JR.**

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

2795 NW 105 AVE

City

MIAMI

FL

Zip Code

33172

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

01/29/01

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **PST** ☐ Delete
NAME **LATOUR, LUIS M JR.**
STREET ADDRESS **7339 N.W. 66 ST.**
CITY-ST-ZIP **MIAMI FL**

TITLE **D** ☐ Delete
NAME **LATOUR, LUIS M JR.**
STREET ADDRESS **7339 N.W. 66 ST.**
CITY-ST-ZIP **MIAMI FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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CITY-ST-ZIP

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

13. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/29/01 **305 6400414**
Date Daytime Phone #

CR2E034 (10/00)