2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 20, 2001 8:00 am
Secretary of State
05-14-2001 90055 004 ****61.25

DOCUMENT # N00000004777

1. Entity Name

FOR LATIN AMERICANS INC.

Principal Place of Business	Mailing Address
16411 BERRY WAY DELRAY BEACH FL 33484	16411 BERRY WAY DELRAY BEACH FL 33484

- 10131

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
SAME AS ABOVE	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 65-1112005 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CASTANEDA, MIGUEL A 16411 BERRY WAY DELRAY BEACH FL 33484	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

ok

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] DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS $61.25	9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees.	Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD CASTANEDA, MIGHEL A 16411 BERRY WAY DELRAY BEACH FL 33484	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition D/D ANIA CASTANEDA
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VI [illegible]	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D 2011 SW 15 ST. DEERFIELD FL 33442 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD [illegible]	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Celeste Dunetc 2011 SW 15 ST. DEERFIELD FLA ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition ZIP 33442
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (10/00)

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 4-20-2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #