

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 25, 2002 8:00 am
Secretary of State

03-25-2002 90025 024 ****70.00

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DOCUMENT # N01000000891

1. Entity Name

AMERICAN & LATINAMERICAN SERVICES CORP.

Principal Place of Business

Mailing Address

9016 CHATAM LN.
 PORT RICHEY FL 34668

9016 CHATAM LN.
 PORT RICHEY FL 34668

00040010

2. Principal Place of Business

3. Mailing Address

7238 Skyview Ave
 Suite, Apt. #, etc.

P.O. Box
 Suite, Apt. #, etc.
 1545



DO NOT WRITE IN THIS SPACE

City & State
 New Port Richey, FL

City & State
~~New~~ Port Richey, FL

4. FEI Number
 59-3695582

Applied For
 Not Applicable

Zip
 34653

Country
 USA

Zip
 34673

Country
 USA

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

MERCADO, RADAME'S JR
 9016 CHATAM LN.
 PORT RICHEY FL 34668

Name
 Radame's Mercado, Jr.

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

7238 Skyview Ave

City
 New Port Richey FL Zip Code
 34653

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 *Radame's Mercado Jr.*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2/12/02

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	PTD	<input type="checkbox"/> Delete
NAME	MERCADO, RADAMES JR.	
STREET ADDRESS	9016 CHATAM LN.	
CITY-ST-ZIP	PORT RICHEY FL 34668	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	MERCADO, TANIA I	
STREET ADDRESS	9016 CHATAM LN.	
CITY-ST-ZIP	PORT RICHEY FL 34668	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	BUITRAGO, JEANNETTE	
STREET ADDRESS	7238 SKYVIEW AVENUE	
CITY-ST-ZIP	NEW PORT RICHEY FL 34653	
TITLE	D	<input type="checkbox"/> Delete
NAME	POMALES, RAMON	
STREET ADDRESS	2811 S. PINES DRIVE, #21	
CITY-ST-ZIP	LARGO FL 33771	
TITLE	D	<input type="checkbox"/> Delete
NAME	POMALES, ANGELES	
STREET ADDRESS	2811 S. PINES DRIVE, #21	
CITY-ST-ZIP	LARGO FL 33771	
TITLE	D	<input type="checkbox"/> Delete
NAME	WIER, MAE	
STREET ADDRESS	10736 MELBA CT.	
CITY-ST-ZIP	NEW PORT RICHEY FL 34654	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Radame's Mercado Jr.* 2/12/02 (727) 815-8580

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (9/01)