2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 18, 2002 8:00 AM
Secretary of State

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Entity Name: LATIN JAZZ FEST CHARITIES, INC.

Current Principal Place of Business:

1525 SOUTHWEST 52ND TERRACE
CAPE CORAL, FL 33914

New Principal Place of Business:

Current Mailing Address:

1525 SOUTHWEST 52ND TERRACE
CAPE CORAL, FL 33914

New Mailing Address:

FEI Number: 65-1127542 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SOUTHWEST 22 STREET
4TH FLOOR
MIAMI, FL 33145 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PTD ( ) Delete
Name: PEREZ, LISA
Address: 1525 SOUTHWEST 52ND TERRACE
City-St-Zip: CAPE CORAL, FL 33914

Title: VD ( ) Delete
Name: MEISENBERG, JAY G ESQ.
Address: 1525 SOUTHWEST 52ND TERRACE
City-St-Zip: CAPE CORAL, FL 33914

Title: SD ( ) Delete
Name: ZARRANZ, ROBERT MD
Address: 1525 SOUTHWEST 52ND TERRACE
City-St-Zip: CAPE CORAL, FL 33914

Title: D ( ) Delete
Name: ROCK, MONICA
Address: 1525 SOUTHWEST 52ND TERRACE
City-St-Zip: CAPE CORAL, FL 33914

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LISA PEREZ PTD 01/18/2002

Electronic Signature of Signing Officer or Director — Date