

**2002 UNIFORM BUSINESS REPORT (UBR)**

2

**FILED**  
**Mar 29, 2002 8:00 am**  
**Secretary of State**

02-11-2002 90011 049 \*\*\*\*61.25

**DOCUMENT # NO1000006509**  
 1. Entity Name  
**FUNDACION LATINOAMERICANA DE PROFESIONALES, INC.**

Principal Place of Business      Mailing Address  
**13264 NW 12TH ST**      **13264 NW 12TH ST**  
**PEMBROKE PINES FL 33028**      **PEMBROKE PINES FL 33028**

2. Principal Place of Business      3. Mailing Address  
**900 NW 31 Ave.**      **900 NW 31 Ave.**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State      City & State      4. FEI Number      Applied For  
**Fort Lauderdale, FL**      **Fort Lauderdale, FL**      **6529146776**      Not Applicable  
 Zip      Country      Zip      Country      5. Certificate of Status Desired      \$8.75 Additional Fee Required  
**33311**      **BROWARD**      **33311**      **Broward**            \$8.75 Additional Fee Required

8. Name and Address of Current Registered Agent      7. Name and Address of New Registered Agent  
**ENCISO, SIXTA**  
**13264 NW 12TH ST**  
**PEMBROKE PINES FL 33028**  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City      **FL**      Zip Code

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: *X Sixta Enciso*      DATE: **23 JAN 02**  
Signature, typed or printed name of registered agent and title if applicable.      (NOTE: Registered Agent signature required when reinstating)      DATE

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>ENCISO, SIXTA</b> <b>13264 NW 12TH ST</b> <b>PEMBROKE PINES FL 33028</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>MARIO KIGUELMAN</b> <b>3900 NW 76 AVENUE #112</b> <b>SUNRISE, FL 33351</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>BAROODY, DAVID</b> <b>13264 NW 12TH ST</b> <b>PEMBROKE PINES FL 33028</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Dinorah Barroody</b> <b>13264 NW 12 Street</b> <b>Pembroke Pines, FL 33028</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>RIZARRALDE, CAMILO</b> <b>13264 NW 12TH ST</b> <b>PEMBROKE PINES FL 33028</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>BAROODY, DINORAH</b> <b>13264 NW 12TH ST</b> <b>PEMBROKE PINES FL 33028</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Esteban Montoya</b> <b>5040 NW 199 Street</b> <b>Miami, FL 33055</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Rodolfo Hanaber</b> <b>1282 NW 195 Ave</b> <b>Pembroke Pines, FL 33029</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *X Sixta Enciso*      DATE: **23 JAN 02**      (954) 327-8708 EXT 253  
Signature and typed or printed name of signing officer or director      Date      Daytime Phone #

CR2E037 (9/01)