

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N45934

FILED  
Jun 25, 2002 8:00 AM  
Secretary of State

Entity Name: LATINO ELDERLY, INC.

## Current Principal Place of Business:

2859 SOUTH BUMBY AVENUE  
ORLANDO, FL 32806

## New Principal Place of Business:

## Current Mailing Address:

2859 SOUTH BUMBY AVENUE  
ORLANDO, FL 32806

## New Mailing Address:

FEI Number: 59-3094193

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

LOPEZ, MIGUEL  
40 TROTTERS CIR  
KISSIMMEE, FL 34743 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: PD ( ) Delete  
Name: LOPEZ, SR, MIGUEL  
Address: 40 TROTTERS CIRCLE  
City-St-Zip: KISSIMMEE, FL

Title: D ( ) Delete  
Name: LOPEZ, MIGUEL JR.  
Address: 40 TROTTERS CIR  
City-St-Zip: KISSIMMEE, FL

Title: D ( ) Delete  
Name: LOPEZ, ADRIANA  
Address: 40 TROTTERS CIRCLE  
City-St-Zip: KISSIMMEE, FL 34743

Title: ST ( ) Delete  
Name: SMITH, SHAWN T  
Address: 5253 LAKE UNDERHILL RD  
City-St-Zip: ORLANDO, FL 32807

## 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: SHAWN T SMITH

ST

06/25/2002

Electronic Signature of Signing Officer or Director

Date