

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000003139

1. Entity Name

LATIN FESTIVALS, INC

FILED  
May 28, 2002 8:00 am  
Secretary of State

05-28-2002 90702 012 \*\*\*\*61.25

Principal Place of Business

Mailing Address

4325 GEORGIA AVE.  
WEST PALM BEACH FL 33405

4325 GEORGIA AVE.  
WEST PALM BEACH FL 33405

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0599658

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

LAVIN, MIGUEL A  
4325 GEORGIA AVE.  
WEST PALM BEACH FL 33405

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

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  
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 PD  
STREET ADDRESS LAVIN, MIGUEL  
CITY-ST-ZIP 1418 MMICHIGAN DRIVE  
LAKE WORTH FL

☐ Delete

TITLE  
NAME T  
STREET ADDRESS LAVIN, CAROLINA  
CITY-ST-ZIP 9372 BAU DRIVE  
SURFSIDE FL

☐ Delete

TITLE  
NAME T  
STREET ADDRESS MANZON, EDUARDO  
CITY-ST-ZIP 1179 SW 15TH AVE  
MIAMI FL 33135

☐ Delete

TITLE  
NAME S  
STREET ADDRESS LAVIN, MIGUEL D  
CITY-ST-ZIP 4325 GEORGIA AVE  
WEST PALM BEACH FL 33405

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
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CITY-ST-ZIP

☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Miguel A. Lavin* 4/30/02 561 835 4221

CR2E037 (9/01)