

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2002 8:00 am
Secretary of State

05-03-2002 90050 022 ****61.25

DOCUMENT # N97000002130

1. Entity Name

LATIN AMERICAN TRAVEL & TOURS OF FLA.,(L.A.T.T.A.) CORP.

Principal Place of Business

Mailing Address

**5501 N.W. 7TH ST
 #E315
 MIAMI FL 33126**

**P O BOX 526628
 MIAMI FL 33152-628
 US**

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

26-7662071

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

**HERNANDEZ, REYNALDO
 5501 N.W. 7TH ST
 #E315
 MIAMI FL 33126**

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 **PD** ☐ Delete
 NAME **HERNANDEZ, REYNALDO**
 STREET ADDRESS **5501 N.W. 7TH ST**
 CITY-ST-ZIP **MIAMI FL 33126**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **EX-D** ☐ Delete
 NAME **GONZALEZ, WILLIAM EXECUT**
 STREET ADDRESS **5501 N.W. 7TH ST**
 CITY-ST-ZIP **MIAMI FL 33126**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Delete
 NAME **CARDENAS, MARTA**
 STREET ADDRESS **475 N.W. 85TH CRT #9**
 CITY-ST-ZIP **MIAMI FL 33126**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **S** ☐ Delete
 NAME **MARTINEZ, VANESSA**
 STREET ADDRESS **275 FONTAINEBLEAU BLVD, STE #250**
 CITY-ST-ZIP **MIAMI FL 33172**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **P** ☐ Delete
 NAME **DE MENA, CARLOS JR**
 STREET ADDRESS **2552 NW 7ST**
 CITY-ST-ZIP **MIAMI FL 33125**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VP** ☐ Delete
 NAME **BRUNNA, FRANCISCO**
 STREET ADDRESS **6557 CORAL WAY**
 CITY-ST-ZIP **MIAMI FL 33135**

TITLE ☐ Change ☐ 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:

REYNALDO HERNANDEZ
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

18 APR 02 (305) 262-5000

Date

Daytime Phone #

CR2E037 (9/01)