

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000002281

1. Entity Name

LATIN TOUCH CAR CLUB CORP.

Principal Place of Business

124 MORELIA AVE
KISSIMMEE FL 34743

Mailing Address

124 MORELIA AVE
KISSIMMEE FL 34743

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

7. Name and Address of New Registered Agent

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

J. Arbelo Ramos (President)

2/10/01

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
RAMOS, ARBELO
124 MORELIA LN
KISSIMMEE FL 34743 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
REESE, ADAM
124 MORELIA LN
KISSIMMEE FL 34743 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
RODRIGUEZ, VICTOR
14500 HUNTINGTON FIELD DR
ORLANDO FL 32824 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
DOMINGUEZ, CARLOS
2716 FOREST VIEW
KISSIMMEE FL 37444 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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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:

J. Arbelo Ramos

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/10/01

CR2E037 (10/00)



DO NOT WRITE IN THIS SPACE

FILED
Mar 19, 2001 8:00 am
Secretary of State

03-19-2001 90073 024 ****70.00