

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000005211

1. Entity Name

LATIN EDITORS ASSOCIATION, INC.

FILED
Jul 05, 2000 8:00 am
Secretary of State

05-17-2000 90977 023 ****61.25

Principal Place of Business

121 N.W. 38TH COURT
MIAMI FL 33126

Mailing Address

121 N.W. 38TH COURT
MIAMI FL 33126-5729

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

Not Applicable by Internal Revenue

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

OLIVA, RAYL R
121 N.W. 38TH COURT
MIAMI FL 33126

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

Signature, typed or printed name of registered agent and title is applicable.

(NOTE: Registered Agent signature required when reinstating)

RAYL R. OLIVA *editor*

April 20/00
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	D	<input type="checkbox"/> Delete
NAME	OLIVA, RAYL R	
STREET ADDRESS	121 N.W. 38TH COURT	
CITY-ST-ZIP	MIAMI FL 33126	
TITLE	D	<input type="checkbox"/> Delete
NAME	ARTIGAS, BANITO ALONSO	
STREET ADDRESS	10382 S.W. 25TH STREET	
CITY-ST-ZIP	MIAMI FL 33185	
TITLE	D	<input type="checkbox"/> Delete
NAME	DIAZ, NORMAN	
STREET ADDRESS	905 BRICKELL BAY DRIVE	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)