

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 04, 2001 8:00 am
Secretary of State

04-04-2001 90497 031 ***150.00

DOCUMENT # **P00000002811** ✓

1. Entity Name

Recursos Latino Americanos, Inc.

Principal Place of Business

Mailing Address

5930 Northwest 191 Terrace
Miami, Florida 33015-5032

2. Principal Place of Business

5930 N.W. 191 Terr.

3. Mailing Address

5930 N.W. 191 Terr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami, Florida

City & State

Miami, Florida

Zip

Country

33015

USA

Zip

33015

Country

USA

6. Name and Address of Current Registered Agent

Zulima Alfaro
5930 N.W. 191 Terrace
Miami, FL 33015

7. Name and Address of New Registered Agent

Name
Zulima Murgado
Street Address (P.O. Box Number is Not Acceptable)
3355 west 68 street
City
Hialeah FL Zip Code
33018

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, type or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

03/23/01

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	president	<input type="checkbox"/> Delete
NAME	zulima alfaro	
STREET ADDRESS	5930 N.W. 191 Terr, Miami, FL 33015	
CITY-ST-ZIP	5930 N.W. 191 Terr, Miami, FL 33015	
TITLE	Vice- President	<input type="checkbox"/> Delete
NAME	Zulima Murgado	
STREET ADDRESS	3355 W 68 Street unit 119	
CITY-ST-ZIP	Hialeah FL 33018	
TITLE	Treasure	<input type="checkbox"/> Delete
NAME	Norman Chesler	
STREET ADDRESS	5930 N.W. 191 trr, Miami, FL 33015	
CITY-ST-ZIP	5930 N.W. 191 trr, Miami, FL 33015	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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		

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 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 #

03/23/01

CR2E034 (11/00)