2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State
04-28-2003 90512 029 ***158.75

DOCUMENT # P00000002811

1. Entity Name
RECURSOS LATINO AMERICANOS, INC.

Principal Place of Business
385 45 AVENUE NE
NAPLES FL 34120

Mailing Address
385 45 AVENUE NE
NAPLES FL 34120

2. Principal Place of Business
135 45 AVE NE
Suite, Apt. #, etc.
City & State: NAPLES FLORIDA
Zip: 34120 Country: COLLIER

3. Mailing Address
135 45 AVE NE
Suite, Apt. #, etc.
City & State: NAPLES FLORIDA
Zip: 34120 Country: COLLIER

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 22-3701120 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
MURQADO, ZULIMA
3355 W 68TH ST
HIALEAH FL 33010

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. I am familiar with, and accept the obligations of registered agent.

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 $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P ☐ Delete	TITLE	ZULIMA ALFARO ☒ Change ☐ Addition
NAME	ZULIMA, ALFARO	NAME	
STREET ADDRESS	5930 NW 191 TERR	STREET ADDRESS	135 45 AVE N.E.
CITY-ST-ZIP	MIAMI FL 33015	CITY-ST-ZIP	NAPLES FL, 34120
TITLE	VP ☐ Delete	TITLE	☒ Change ☐ Addition
NAME	ZULIMA, MURGADO	NAME	ZULIMA MURGADO
STREET ADDRESS	12062 SW 10 TERRACE	STREET ADDRESS	9621 FOUNTAIN BLUEMINTON #10
CITY-ST-ZIP	MIAMI FL 33184	CITY-ST-ZIP	MIAMI FL 33172
TITLE	T ☐ Delete	TITLE	☒ Change ☐ Addition
NAME	NORMAN, CHESLER	NAME	NORMAN CHESLER
STREET ADDRESS	5930 NW 191 TERR	STREET ADDRESS	135 45 AVE NE
CITY-ST-ZIP	HIALEAH FL 33015	CITY-ST-ZIP	NAPLES FL 34120
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 607, 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 REQUIRED 4-26-03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)