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	Mailing Address
385 45 AVENUE NE NAPLES FL 34120	385 45 AVENUE NE NAPLES FL 34120

☐ CHECK HERE IF MAKING CHANGES

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

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P ZULIMA, ALFARO 5930 NW 191 TERR MIAMI FL 33015	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ZULIMA ALFARO 135 45 AVE N.E. NAPLES FL, 34120	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP ZULIMA, MURGADO 12062 SW 10 TERRACE MIAMI FL 33184	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ZULIMA MURGADO 9621 FOUNTAIN BLUEMINTON #10 MIAMI FL 33172	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T NORMAN, CHESLER 5930 NW 191 TERR HIALEAH FL 33015	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	NORMAN CHESLER 135 45 AVE NE NAPLES FL 34120	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (10/02)

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 #