

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 30, 2002 8:00 am**  
**Secretary of State**

05-30-2002 91598 006 \*\*\*150.00

DOCUMENT # **P00000004652**

1. Entity Name

**Largo Investment Group of North America, Inc.**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

**2031 Maplewood Drive**

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

**Coral Springs, Florida**

City & State

4. FEI Number

**65-0982117**

Applied For

Not Applicable

Zip

**33071**

Country

**U.S.**

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

7. Name and Address of Current Registered Agent

Name

**J. Leslie Wiesen**

Street Address, (P.O., Box Number, is Not Acceptable)

**20211 NE 10th Place**

City

**Miami**

**FL**

Zip Code

**33179**

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 if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

**January 1 - May 1 Fee is \$150.00**

**After May 1, Fee is \$550.00**

**Amended UBR is \$61.25**

**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 NAME STREET ADDRESS CITY - ST - ZIP	<b>Chairman of Board J. Leslie Wiesen 20211 NE 10th Place Miami, Florida 33179</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>President Tomas L. Salom II 2031 Maplewood Drive Coral Springs, Florida 33071</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>Vice President SASHA Salom 2031 Maplewood Drive Coral Springs, Florida 33071</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

**J. Leslie Wiesen Chairman**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

**J. Leslie Wiesen** 4/29/02 (305) 653-2332

CR2E034B (12/01)