## 2001 UNIFORM BUSINESS REPORT (UBR)

## **FILED** May 12, 2001 8:00 am Secretary of State 05-12-2001 90005 042 \*\*\*158.75

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OCH	AENT #	1200	0000	1000	<sup>7</sup> ^	

1. Entity Name

Latino Solutions Corp.

Principal Place of Business

Mailing Address

Clematis Street #900

W. Palm Bch, FC 33401

2. Principal Place of Business 3. Mailing Address City & State
Wife Im Bch A0063909

DO NOT WRITE IN THIS SPACE

Applied For Not Applicable

\$8.75 Additional

Fee Required

4. FEI Number

5. Certificate of Status Desired

6. Name and Address of Current Registered Agent	-7. Name and Address of New Registered Agent				
Leo Gale	Name				
319 Clematis St. #900	Street Address (P.O. Box Number is Not Acceptable)				
W. Palm Bch, FL 33401					
	City		FL Zip	Code	
8. The above named entity submits this statement for the purpose of changing its reg	gistered office or registe	ered agent, or both, in the State of Florida	ı		
SIGNATURE RES DIR			4/24/0	/	
	egistered Agent signature require		DATE		
Tax filing requirement and elects to do so. (See criteria on back)  After MAY 1, 2001  Make Check Payable	FEE IS \$150.00 Fee will be \$550.00 to Department of St	Trust Fund Contribution.	Ă	5.00 May Be dded to Fees	
1. OFFICERS AND DIRECTORS	12.	ADDITIONS/CHANGES TO OFFICE			
HAME CEOETIC Ri Hanson Delete	TITLE NAME		Cha	nge 🔲 Addition	
STREET ADDRESS 319 Clematis, St. #490 SITY-ST-ZIP (1. Parlm 18ch, FL 3340)	STREET ADDRESS CITY-ST-ZIP				
TTLE Delete	TITLE C	FO	Cha	nge EtAddition	
STREET ADDRESS	STREET ADDRESS	villiams. Hisey 319 Chapater St. #900 W. Falm Bich, FL 3	2		
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NAME Street Address	NAME STREET ADDRESS			ļ	
CITY-ST-ZEP	CITY-ST-ZIP				
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TREET ADDRESS	NAME STREET ADDRESS				
TREET ADDRESS ITY-ST-ZIP	CITY-ST-ZIP				
TTI F	TITLE		[□] Char	nos ["] Addition	

13. I hereby certify that the information supplied with this filling 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 recovery or trustee emptwered 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 pther like empowered.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

GNING OFFICER OR DIRECTOR

561-804-9414

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