

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 03, 2001 8:00 am
Secretary of State

02-03-2001 90283 014 ***150.00

DOCUMENT # P00000050637

1. Entity Name

LATIN AMERICAN INVESTMENTS, INC.

Principal Place of Business

**575 CRANDON BLVD., #311
 KEY BISCAYNE FL 33149**

Mailing Address

**575 CRANDON BLVD., #311
 KEY BISCAYNE FL 33149**

2. Principal Place of Business

1915 BRICKELL AVE

Suite, Apt. #, etc.

C - 1009

City & State

MIAMI - FL

Zip

33129

Country

3. Mailing Address

1915 BRICKELL AVE

Suite, Apt. #, etc.

C - 1009

City & State

MIAMI - FL

Zip

33129

Country



DO NOT WRITE IN THIS SPACE

4. Fee Number

65-1010112

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**MEDEI, RAUL GUILLERMO
 575 CRANDON BLVD., #311
 KEY BISCAYNE FL 33149**

7. Name and Address of New Registered Agent

Name

RAUL G. MEDEI

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

1915 BRICKELL AVE - APT. C-1009

City

MIAMI

FL

Zip Code

33129

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

RAUL G. MEDEI Vice President

01/29/01

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 **PD** ☐ Delete
 NAME **MAJUL, OLGA**
 STREET ADDRESS **ALVEAR 426 2DO PISO B CARLOS PAZ,**
 CITY-ST-ZIP **CORDOBA ARGENTINA**

TITLE **VPSD** ☐ Delete
 NAME **MEDEI, RAUL GUILLERMO**
 STREET ADDRESS **575 CRANDON BLVD. #311**
 CITY-ST-ZIP **KEY BISCAYNE FL 33149**

TITLE **TD** ☐ Delete
 NAME **MEDI, GUILLERMO**
 STREET ADDRESS **ALVEAR 426 2DO PISO B CARLOS PAZ,**
 CITY-ST-ZIP **CORDOBA ARGENTINA**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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: **X**

RAUL G. MEDEI

01/29/01

305 896 3510

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)