

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2002 8:00 am
Secretary of State

05-24-2002 91309 002 ***158.75

DOCUMENT # P00000056867

1. Entity Name

LATAM CONSULTING CORP.

Principal Place of Business

**8960 S.W. 114TH STREET
 MIAMI FL 33176**

Mailing Address

**8960 S.W. 114TH STREET
 MIAMI FL 33176**

2. Principal Place of Business

1750 E. COMMERCIAL BLVD

Suite, Apt. #, etc.

FORT LAUDERDALE

City & State

FT LAUDERDALE

Zip

33334

Country

BROWARD

3. Mailing Address

1750 E. COMMERCIAL BLVD

Suite, Apt. #, etc.

FORT LAUDERDALE

City & State

FLORIDA

Zip

33334

Country

BROWARD



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1023344

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

PRATS, GABRIEL

2121 PONCE DE LEON BLVD.

SUITE 240

CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

OSCAR GARCIA

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

1750 E COMMERCIAL BLVD

City

FORT LAUDERDALE

FL

33334-5757

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 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 **SD** ☐ Delete
 NAME **GARCIA, BERNARDA J**
 STREET ADDRESS **8960 S.W. 114TH STREET**
 CITY-ST-ZIP **MIAMI FL 33176**

TITLE ☐ Delete
 NAME
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 CITY-ST-ZIP

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 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PRESIDENT** ☐ Change ☒ Addition
 NAME **OSCAR GARCIA**
 STREET ADDRESS **8960 SW 114TH ST.**
 CITY-ST-ZIP **MIAMI-FL. 33176**

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

TITLE ☐ Change ☐ Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/22/02 **305.218.4346**

CR2E034 (9/01)