

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000069022

1. Entity Name

LATIN DESIGNS, INC.

Principal Place of Business

8145 N.W. 7TH STREET #301
MIAMI FL 33126

Mailing Address

8145 N.W. 7TH STREET #301
MIAMI FL 33126

2. Principal Place of Business

10720 NW 66 ST
Suite, Apt. #, etc.
501-D

3. Mailing Address

10720 NW 66 ST
Suite, Apt. #, etc.
501-D

City & State

Miami - Fla

City & State

Miami - Fla

Zip
33178

Country
U.S.A.

Zip
33178

Country
U.S.A.

6. Name and Address of Current Registered Agent

CALDERON, LUIS A
8145 N.W. 7TH STREET
SUITE 301
MIAMI FL 33126

7. Name and Address of New Registered Agent

Name

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

10720 NW 66 ST.

City

Miami

FL

Zip Code

33178

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) ☐

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
NAME CALDERON, LUIS A
STREET ADDRESS 8145 N.W. 7TH STREET #301
CITY-ST-ZIP MIAMI FL 33126 ☐ Delete

TITLE VD
NAME VILLEGAS, JAIME
STREET ADDRESS 8145 N.W. 7TH STREET #301
CITY-ST-ZIP MIAMI FL 33126 ☐ Delete

TITLE SD
NAME CALDERON, CLARA E
STREET ADDRESS 8145 N.W. 7TH STREET #301
CITY-ST-ZIP MIAMI FL 33126 ☐ Delete

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
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Apr 28, 2001 8:00 am
Secretary of State

04-28-2001 90072 046 ***150.00



DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)