

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90139 039 ***150.00

DOCUMENT # P00000093878

1. Entity Name
CORRECTIONAL CORPORATION OF LATIN AMERICA, INC.

Principal Place of Business
C/O BURTON A. LANDY
ONE S.E. 3RD AVENUE
28TH FLOOR
MIAMI, FLORIDA 33131

Mailing Address
C/O BURTON A. LANDY
ONE S.E. 3RD AVENUE
28TH FLOOR
MIAMI, FLORIDA 33131

2. Principal Place of Business
7501 NW 36TH STREET

3. Mailing Address
c/o BURTON A. LANDY
Suite, Apt. #, etc. AKERMAN CENTER
ONE S.E. 3RD AVE, 28TH FL

City & State
MIAMI, FLORIDA

City & State
MIAMI, FLORIDA

4. FEI Number **65-1067008**

Applied For
Not Applicable

Zip **33166** **Country** **U.S.A.**

Zip **33131** **Country** **U.S.A.**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

AMERICAN INFORMATION SERVICES, INC.
ONE S.E. 3RD AVENUE
28TH FLOOR
MIAMI, FLORIDA 33131

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** **Zip Code**

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 _____ **DATE** _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	CEDP	<input type="checkbox"/> Delete
NAME	SALMON, JUAN CARLOS	
STREET ADDRESS	7501 NW 36 STREET	
CITY-ST-ZIP	MIAMI FL 33166	
TITLE	D	<input type="checkbox"/> Delete
NAME	MUNOZ, ALFREDO	
STREET ADDRESS	CRA 14 NO 86 A 76	
CITY-ST-ZIP	BOGOTA, COLOMBIA	
TITLE	D	<input type="checkbox"/> Delete
NAME	CABALLERO, PABLO	
STREET ADDRESS	CRA 21 NO 62-38	
CITY-ST-ZIP	BOGOTA, COLOMBIA	
TITLE	T	<input type="checkbox"/> Delete
NAME	VILLEGAS, OCTAVIO	
STREET ADDRESS	7501 NW 36 STREET	
CITY-ST-ZIP	MIAMI FL 33166	
TITLE	C	<input type="checkbox"/> Delete
NAME	SALMON, LEON	
STREET ADDRESS	7501 NW 36 STREET	
CITY-ST-ZIP	MIAMI FL 33166	
TITLE	S	<input type="checkbox"/> Delete
NAME	MUTIS, MAURICIO	
STREET ADDRESS	7501 NW 36 STREET	
CITY-ST-ZIP	MIAMI FL 33166	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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

4-3-02(786)2618295
Date **Daytime Phone #**

CR2E034 (9/01)