

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91801 009 ***150.00

DOCUMENT # P00000093878

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



Principal Place of Business
7501 NW 36TH ST.
MIAMI FL 33166

Mailing Address
C/O BURTON A. LANDY
ONE SE 3RD AVENUE 28TH FLOOR
MIAMI FL 33133

2. Principal Place of Business
SOME

3. Mailing Address
7501 NW 36th St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
MIAMI FLORIDA

4. FEI Number **65-1067008**

Applied For
Not Applicable

Zip

Country

Zip
33166

Country
U.S.A.

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

AMERICAN INFORMATION SERVICES, INC.
ONE SE 3RD AVE 28TH FLOOR
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name **JUAN CARLOS SALMON**
Street Address (P.O. Box Number is Not Acceptable)
7501 NW 36th St
City **MIAMI** FL Zip Code **33166**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[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, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **CEDP**
STREET ADDRESS **SALMON, JUAN CARLOS**
CITY-ST-ZIP **7501 NW 36 STREET**
MIAMI FL 33166

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

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **MUNOZ, ALFREDO**
CITY-ST-ZIP **CRA 14 NO 86 A 76**
BOGOTA, COLOMBIA

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

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **CABALLERO, PABLO**
CITY-ST-ZIP **CRA 21 NO 62-38**
BOGOTA, COLOMBIA

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

TITLE ☐ Delete
NAME **T**
STREET ADDRESS **VILLEGAS, OCTAVIO**
CITY-ST-ZIP **7501 NW 36 STREET**
MIAMI FL 33166

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

TITLE ☐ Delete
NAME **C**
STREET ADDRESS **SALMON, LEON**
CITY-ST-ZIP **7501 NW 36 STREET**
MIAMI FL 33166

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

TITLE ☒ Delete
NAME **S**
STREET ADDRESS **MUTIS, MAURICIO**
CITY-ST-ZIP **7501 NW 36 STREET**
MIAMI FL 33166

TITLE ☒ Change ☒ Addition
NAME **S**
STREET ADDRESS **Jose Luis Cañon**
CITY-ST-ZIP **7501 NW 36th St**
MIAMI FL 33166

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/15/03 **305-477381**
Date Daytime Phone #

0022442 AV

CR2E034 (10/02)