

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 15, 2001 8:00 am
Secretary of State

08-15-2001 90002 016 ***150.00

DOCUMENT # P00000095844

1. Entity Name

FLORIDA LATIN TRADER IMC, CORP.

Principal Place of Business

**1102 NW 130 AVENUE
 PEMBROKE PINES FL 33028**

Mailing Address

**1102 NW 130 AVENUE
 PEMBROKE PINES FL 33028**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1048892

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

~~CORONA, MARITZA~~
~~301 SW 85TH WAY SUITE 100~~
~~PEMBROKE PINES FL 33025~~

7. Name and Address of New Registered Agent

Name
BERGLAS, ROSAURA
 Street Address (P.O. Box Number is Not Acceptable)
1102 NW 130 AVE
 City
PEMBROKE PINES FL Zip Code
33028

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, 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 \$550.00
After September 12, 2001 Fee will be \$750.00
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 NAME STREET ADDRESS CITY-ST-ZIP | PD BERGLAS, ROSAURA 1102 NW 130 AVENUE PEMBROKE PINES FL 33028 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

ROSURA BERGLAS
RESIDENT
ROSURA BERGLAS

8/9/01

954
305 443-0540
 Daytime Phone #

CR2E034 (5/01)

Attachment

AW8235

Doc. # P00000095-844

FLORIDA LATIN TRADER IMC, CORP.
1102 NW 130th AVENUE
PEMBROKE PINES, FL 33028

August 9, 2001

Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

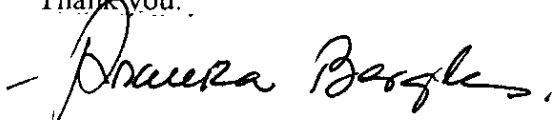
Re: FLORIDA LATIN TRADER IMC, INC.
Doc.# P00000095844

Dear Sir/Madam;

Enclosed please find a check for \$150.00 to cover annual report fee for CY 2001 and a completed 2001 UBR form. I just received the 2nd notification and I don't have an explanation why we did not received the first report.

I am writing your Office to ask if you could wave the reinstatement fee of \$550.00, since we have always filed and paid our federal and state taxes on time. I sincerely hope that you would take this into consideration.

Thank you.



Very truly yours,

Laura Berglas
Pres.