

FILED  
Jul 23, 2003 8:00 am  
Secretary of State

07-09-2003 90045 045 \*\*\*150.00

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

7/1

DOCUMENT # P00000105284

1. Entity Name

LATIN AMERICAN CONSULTING, INC.



Principal Place of Business  
7504 W TREASURE DR  
N BAY VILLAGE FL 33141

Mailing Address  
7504 W TREASURE DR  
N BAY VILLAGE FL 33141

55051949

7504 W.Treasure Dr.North Bay Village,Fl.33141

2. Principal Place of Business

Same

3. Mailing Address

Same

Suite, Apt. #, etc.

House

Suite, Apt. #, etc.

House

N/A

☐ CHECK HERE IF MAKING CHANGES

City & State

North Bay Village,Fl.

City & State

North Bay Village,Fl.

4. FEI Number

65-1053983

Applied For

Not Applicable

Zip

33141

Country

USA

Zip

33141

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional

Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LOPEZ, JUDITH M

7504 W TREASURE DR

N BAY VILLAGE FL 33141

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

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 \$550.00

After September 10, 2003 Fee will be \$750.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

PSTD  
LOPEZ, JUDITH M  
7504 W TREASURE DR  
N BAY VILLAGE FL 33141

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

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☐ Change

☐ Addition

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NAME  
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CITY-ST-ZIP

☐ Change

☐ Addition

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 REQUIRED

Judith Lopez

7/1/03

(305) 867-7226

SIGNATURE AND TYPED OR PRINTED NAME OF MAKING OFFICER OR DIRECTOR

Daytime Phone

CR2E034 (4/03)

Attachment

55051949

#P00000105284

07/5/03

Florida Department of State  
Division of Corporations  
Uniform Business Report Filing  
P.O.Box 1500  
Tallahassee, Fl. 32302-1500

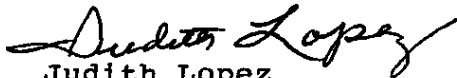
Dear Sir:

Please accept my apologize for the delay in payment for registering "Latin American Consulting Inc". The Company did not receive the prior notice. I would like to request that the late fee be waived.

I am including the check No. 1103 for \$150.00 for my Company registration.

Thank you for your understanding.

Sincerely,



Judith Lopez  
President-Latin American Consulting Inc.