Apr 29, 2002 8:00 am Secretary of State
04-29-2002 90092 020 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

P01000026997

DOCUMENT # 1. Entity Name

HUMORATA LATINA . COM. INC

Principal Place of Business

Mailing Address

3847 NE 168TH ST #4C N MIAMI BCH FL 33160		3847 NE 168TH ST #4C N MIAMI BCH FL 33160						
2. Principal I	Place of Business	3. Mailing Address			F 10041081 1E1 00104 11011	80111 08f11 80111 8E718 11	1818 BILLE 1811	8 (83)(188) 188)
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & State		City & State		4.	FEI Number APPLIED	FOR		pplied For
Zip	Country	Zip	Country	5.	Certificate of Status Des		\$8.75 Ad	
	6. Name and Address of Current F	Registered Agent		7.	Name and Address of	New Registered A	gent	
			Name		and the second of the second o	ν-~- 		· · · · · · · · · · · · · · · · · · ·
	BI, ENGRIQUE	Street Address			Box Number is Not Acce	antable)		
	168TH ST #4C		Oli CCi 7	.0. 1	DOX INGTIDES IS INCLACED	splable/		
n Miami	BCH FL 33160					. <u>-</u>		
			City			FL	Zip Cod	de
8. The above	e named entity subtrits this statement for	the purpose of changing its re	eaistered office a	r registered ag	ent or both in the State			
	the second	-10					./	
SIGNATURE	of the second	77/	ENRI	QUE I	DAPIAGGI	04/01	102	
	a unature, typed or printed name of registered agent ar	nd title if applicable (NOTE: I	Registered Agent signa	ure required when re	einstating) •	DATE	-/	
9. This corporation is engible to satisfy its Intangible FILE NOW!!! FE				nn	1	0		
Tax filling requirement and elects to do so.		After May 1, 2002 Fee will be \$550.00			10. Election Campa Trust Fund Cont			00 May Be
(See crite	ria on back)	Make Check Payable	e to Departmen	t of State	Trust Fund Com	mouton. \square	Adde	d to Fees
11.	OFFICERS AND D	DIRECTORS	12.	AD	DITIONS/CHANGES TO	O OFFICERS AND	DIRECTOR	S IN 11
TITLE	D STORES	Delete	يرفقو كر TITLE	金车	AGGI, ENG		Change	[] Addition
NAME	DAPIAGGI, ENRIQUE 3847 NE 168TH ST #4C		NAME	D.4-P.12	AGGISENI	ALACOET TO	- 4-74	<u> </u>
STREET ADDRESS CITY-ST-ZIP	N MIAMI BCH FL 33160		STREET ADDRESS	3847	NE-168-17	5.04661	*** T'	٠, ١
	14 MIAM DOTT L 33 100	<u> </u>	CITY-ST-ZIP	MOKER	MIAMI, B	EACHIE	<u>L 33</u>	160
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NAME STREET ADDRESS			NAME	MARI	A DELIA OC	CHIONER	,	
CITY-ST-ZIP			STREET ADORESS CITY-ST-ZIP	8-3-1 -N	A DELIA DO E ZOG TE S ELORIDA	12KEE /		
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Title Name		☐ Delete	TITLE NAME			Ţ	Change	☐ Addition
STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-7IP					1

13. I hereby certify that the information supplindicated on this report or supplemental of the corporation or the receiver or truste changed, or on an attachment with an last with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information 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 tree empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if padress, with all other like empowered.

SIGNATURE: 2

JIRE ENRIQUE

DAPIAGGI

Daytime Phone #