

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2002 8:00 am
Secretary of State

01-30-2002 90050 041 ***150.00

DOCUMENT # P01000034134

1. Entity Name
LANGUAGES FOR THE AMERICAS, INC.

Principal Place of Business

401 NE 29TH STREET. #2
MIAMI FL 33137

Mailing Address

401 NE 29TH STREET. #2
MIAMI FL 33137

2. Principal Place of Business

2921 NE 4TH AVE

3. Mailing Address

2921 NE 4TH AVE

Suite, Apt. #, etc.

SUITE 2

Suite, Apt. #, etc.

SUITE 2

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33137

Country

USA

Zip

33137

Country

USA

4. FEI Number

65-1112962

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

STEELMAN, NELSON B
401 NE 29TH STREET, #2
MIAMI FL 33137

7. Name and Address of New Registered Agent

Name **NELSON B. STEELMAN**

Street Address (P.O. Box Number is Not Acceptable)

2921 NE 4TH AVE SUITE 2

City

MIAMI

FL

Zip Code

33137

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 if 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 \$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

TITLE **P** ☐ Delete
 NAME **STEELMAN, NELSON B**
 STREET ADDRESS **401 NE 29TH STREET, #2**
 CITY-ST-ZIP **MIAMI FL 33137**

TITLE **ST** ☐ Delete
 NAME **SALIZAR, FRANCIA**
 STREET ADDRESS **5860 NW 40TH STREET**
 CITY-ST-ZIP **MIAMI FL 33166**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **M** ☒ Change ☐ Addition
 NAME **Nelson B Steelman**
 STREET ADDRESS **2921 NE 4TH AVE Suite 2**
 CITY-ST-ZIP **MIAMI, FL 33137**

TITLE **D** ☒ Change ☐ Addition
 NAME **FRANCIA SALAZAR**
 STREET ADDRESS **5860 NW 40TH ST**
 CITY-ST-ZIP **MIAMI, FL 33166**

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

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

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

TITLE ☐ Change ☐ 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:

NELSON B. STEELMAN
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/24/02

Daytime Phone #

305-438-1930

CR2E034 (9/01)