

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

DOCUMENT # P01000034134



1. Entity Name  
LANGUAGES FOR THE AMERICAS, INC.

Principal Place of Business  
2921 NE 4TH AVE  
SUITE 2  
MIAMI FL 33137

Mailing Address  
401 NE 29TH STREET, #2  
MIAMI FL 33137

2. Principal Place of Business  
**25 NE 110TH STREET**

3. Mailing Address  
**25 NE 110TH STREET**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**MIAMI STORES, FL**

City & State  
**M. AMI STORES, FL**

Zip  
**33161**

Zip  
**33161**

Country  
**USA**

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  
2921 NE 4TH AVE SUITE 2  
MIAMI FL 33137

7. Name and Address of New Registered Agent

Name  
**STEELMAN, NELSON B.**

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

**25 NE 110 ST**

City  
**MIAMI STORES** FL Zip Code  
**33161**

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

*Nelson B. Steelman*

(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  
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	M STEELMAN, NELSON B 2921 NE 4TH AVE SUITE 2 MIAMI FL 33137	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>M STEELMAN, Nelson B</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>25 NE 110 ST</b> <b>MIAMI STORES, FL 33161</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <del>SALAZAR, FRANCIA</del> 5860 NW 40TH STREET MIAMI FL 33166	<input checked="" type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:

*Nelson B. Steelman*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CRPE034 (10/02)