

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90474 018 ***150.00

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
Suite, Apt. #, etc.

3. Mailing Address
25 NE 110TH STREET
Suite, Apt. #, etc.

City & State
MIAMI SHORES, FL

City & State
MIAMI SHORES, FL

Zip
33161

Country
USA

Zip
33161

Country
USA

4. FEI Number **65-1112962**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☐ **CHECK HERE IF MAKING CHANGES**

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 SHORES** **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*

Signature, typed or printed name of registered agent and title if applicable.

(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 ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE M	STEELMAN, NELSON B <input type="checkbox"/> Delete
NAME	
STREET ADDRESS	2921 NE 4TH AVE SUITE 2
CITY-ST-ZIP	MIAMI FL 33137
TITLE D	SALAZAR, FRANCIA <input checked="" type="checkbox"/> Delete
NAME	
STREET ADDRESS	5860 NW 40TH STREET
CITY-ST-ZIP	MIAMI FL 33166
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE M	STEELMAN, Nelson B <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	25 NE 110 ST
CITY-ST-ZIP	MIAMI SHORES, FL 33161
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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* **3/15/03 305-29-2057**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)