

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 14, 2002 8:00 am
Secretary of State

03-14-2002 90009 005 ***150.00

0502993 AV

DOCUMENT # **P01000052656**

1. Entity Name
DISCO LATINO INC.

Principal Place of Business Mailing Address
4905 RATTLESNAKE HAMMOCK RD., SUITE 1A **4905 RATTLESNAKE HAMMOCK RD., SUITE 1A**
NAPLES FL 34113 **NAPLES FL 34113**

80043196



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.
 Suite, Apt. #, etc.

3. Mailing Address Suite, Apt. #, etc.
 Suite, Apt. #, etc.

City & State City & State

4. FEI Number **65-1101803** Applied For Not Applicable

Zip Country Zip Country

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

RASHID, DAHISH A
4905 RATTLESNAKE HAMMOCK RD., SUITE 1A
NAPLES FL 34113

Name **NAKID M FARHAT**
 Street Address (P.O. Box Number is Not Acceptable)
4078 GREEN BLVD # 6
 City **NAPLES** FL Zip Code **34116**

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]* **1/28/02**
 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D <input checked="" type="checkbox"/> Delete
NAME	RASHID, DAHISH A
STREET ADDRESS	1930 SW 8TH TERR.
CITY-ST-ZIP	CAPE CORAL FL 33990
TITLE	D <input type="checkbox"/> Delete
NAME	FARHAT, NAKID M
STREET ADDRESS	4078 GREEN BLVD., APT. 6
CITY-ST-ZIP	NAPLES FL 34116
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"/> 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 checked="" type="checkbox"/> Addition
NAME	AHMAD RASHIDA D
STREET ADDRESS	1930 SW 8TH TER
CITY-ST-ZIP	CAPE CORAL FL 33990
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	AHMAD, AHMAD D
STREET ADDRESS	1930 SW 8TH TER
CITY-ST-ZIP	CAPE CORAL FL 33990
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *[Signature]* **REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/28/02 **941-354-0847**
 Date Daytime Phone #

CFR2034 (9/01)