

PAGE 1 of 2

FILED

02 DEC 26 AM 10:23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

DOCUMENT # **P01000057163**  
1. Entity Name  
**Latinecom Enterprise, Inc.**

**DO NOT WRITE IN THIS SPACE**

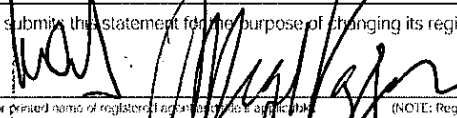
2. Principal Place of Business <b>1080 NW 163 Street</b> Suite, Apt. #, etc.	3. Mailing Address <b>1080 NW 163 Street</b> Suite, Apt. #, etc.
City & State <b>Miami, Florida</b> Zip <b>33169</b> Country <b>Miami-Dade</b>	City & State <b>Miami, Florida</b> Zip <b>33169</b> Country <b>Miami-Dade</b>

4. FEI Number <b>01-0575250</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

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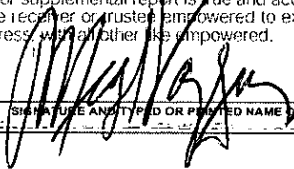
7. Name and Address of Current Registered Agent  
Name **Vazquez, Miguel**  
Street Address (P.O. Box Number is Not Acceptable)  
**1080 NW 163 Street Drive**  
City **Miami** FL Zip Code **33169**

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  (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) <input type="checkbox"/>	January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		8000009147988 11/21/02--01049--006 **150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President Mario Bernardoni 1050 NW 163 Drive Miami, FL 33169</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Vice-President Mike Vazquez 1050 NW 163 Drive Miami, FL 33169</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address, with another like empowered.  
SIGNATURE:  11/14/02  
SIGNING OFFICER OR DIRECTOR

CR2E034B (12/01)

12/31



Page 2 of 2

November 14, 2002

Division of Corporations  
409 East Gaines Street  
Tallahassee, FL 32399

**Re: Latincom Enterprise, Inc.**

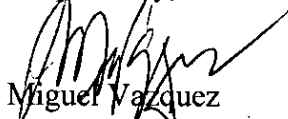
Dear Sirs:

Attached please find the 2002 Uniform Business Report (UBR) along with a check in the amount of \$150.00.

Please note that this form was never received and please update our information.

If you have any questions, please call us at (305) 356-6200.

Respectfully,

  
Miguel Vazquez  
Registered Agent  
Latincom Enterprise, Inc.