FILED
Jul 02, 2003 8:00 am
Secretary of State
04-04-2003 90088 048 ***150.00

4/4/?

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000057763 (L)

55050367

[redacted]

[redacted]

1. Entity Name
Latincom Enterprise, Inc

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
1080 NW 163 Dr.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Miami, FL		City & State	
Zip: 33169	Country	Zip	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number	Applied For	Not Applicable
01-0575250		

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name: Miguel Vazquez
Street Address (P.O. Box Number is Not Acceptable): 1080 NW 163 Dr
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ______________________ 6/30/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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

TITLE	President	TITLE	
NAME	Mario Bernardoni	NAME	
STREET ADDRESS	1080 NW 163 Dr.	STREET ADDRESS	
CITY-ST-ZIP	Miami, FL 33169	CITY-ST-ZIP	
TITLE	Vice President	TITLE	
NAME	Mike Vazquez	NAME	
STREET ADDRESS	1080 NW 163rd Dr.	STREET ADDRESS	
CITY-ST-ZIP	Miami, FL 33169	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: ______________________ 5/30/03 305-356-6200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #