

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

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DOCUMENT # **P01000063391**  
1. Entity Name  
**Salud LATINA Corporation**

FILED

02 JUL 11 AM 11:58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business <b>1800 S.W. 1st Suite 206</b>	3. Mailing Address <b>1800 S.W. 1st Suite 206</b>
Suite, Apt. #, etc. <b>206</b>	Suite, Apt. #, etc. <b>206</b>
City & State <b>MIAMI FL</b>	City & State <b>MIAMI FL</b>
Zip <b>33130</b>	Zip <b>33130</b>
Country <b>USA</b>	Country <b>USA</b>

DO NOT WRITE IN THIS SPACE

4. FEI Number <b>65-1130055</b>	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **MARIA JIMENEZ**

Street Address (P.O. Box Number is Not Acceptable)  
**4241 SW 116 Ave**

City **Miami** State **FL** Zip Code **33165**

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  DATE **07/10/2002**

Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	<b>January 1 - May 1: Fee is \$150.00</b> <b>After May 1, Fee is \$550.00</b> <b>Amended UBR is \$61.25</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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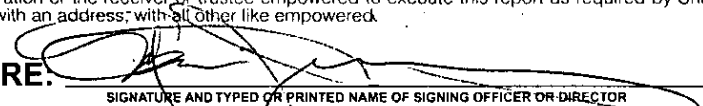
11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President</b> <b>MARIA JIMENEZ</b> <b>1800 SW 1st St Suite 206</b> <b>Miami, FL ZIP CODE 33130</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>SUGERIL JIMENEZ</b> <b>1800 SW 1st St Suite 206</b> <b>Miami FL ZIP CODE 33130</b>
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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 all other like empowered.

SIGNATURE  DATE **07/10/2002**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

UNIFORM BUSINESS REPORT DEPARTMENT


2 of 2

REFERENCE REPORT FOR SALUD LATINA CORPORATION

DOCUMENT # P01000063391

TO WHOM IT MAY CONCERN

I AM SENDING REPORT LATE BECAUSE I NEVER  
RECEIVE THE REPORT, PLEASE WAIVE THE LATE FEE  
DO TO THIS, SORRY FOR ANY INCONVENIENCE AND THANK  
YOU IN ADVANCE.

Sincerely,  
MARIA SUENDE (PRESIDENT)  
SIGNED: 

10 JULIO 2002.