

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2002 8:00 am
Secretary of State
 05-29-2002 93600 002 ***150.00

DOCUMENT # P01000064711

1. Entity Name
LATIN AMERICA INTERNATIONAL SERVICES, CORP

Principal Place of Business

17021 N BAY RD #703
SUNNY ISLES BCH FL 33160

Mailing Address

17021 N BAY RD #703
SUNNY ISLES BCH FL 33160

2. Principal Place of Business

1999 NE 150 Street

3. Mailing Address

1999 NE 150 Street

Suite, Apt. #, etc.

104

Suite, Apt. #, etc.

104

City & State

North Miami FL

City & State

North Miami FL

Zip

33181

Country

Da de

Zip

33181

Country

Da de

4. FEI Number

65-111 7916

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

GAMBOA, ALET
17021 N BAY RD #703
SUNNY ISLES BCH FL 33160

7. Name and Address of New Registered Agent

Name

GAMBOA ALET

Street Address (P.O. Box Number is Not Acceptable)

1999 NE 150 Street Suite 104

City

North Miami

FL

Zip Code

33181

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, 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

TITLE	P	<input type="checkbox"/> Delete
NAME	GAMBOA, ALET	
STREET ADDRESS	17021 N BAY RD #703	
CITY-ST-ZIP	SUNNY ISLES BCH FL 33160	
TITLE	D	<input type="checkbox"/> Delete
NAME	GALEANO, ROSA H	
STREET ADDRESS	17021 N BAY RD #703	
CITY-ST-ZIP	SUNNY ISLES BCH FL 33160	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	
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:

REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/24/02

Date

(300) 335-7858

Daytime Phone #

CR2E034 (9/01)