(9/04)

CR2E034

FILED

## 2002 UNIFORM BUSINESS REPORT (UBR)

of the corporation or the changed, or on an attach

SIGNATURE:

## Jan 27, 2002 8:00 am P01000067290 DOCUMENT # **Secretary of State** 1. Entity Name 01-27-2002 90045 014 \*\*\*150.00 LATINI ENTERPRISES, INC. Principal Place of Business Mailing Address 541 BOWSPRIT LANE 541 BOWSPRIT LANE LONGBOAT KEY FL 34228 LONGBOAT KEY FL 34228 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired -6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SILBERSTEIN, DAVID M 720 SOUTH OBANGE AVE. SARASOTA FĹ 34236 JE BOAT §. The above na ntity 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) ted name of registered agent and to 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ECRETARY PRESIDENT - SEC TITLE TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS BOWLER 541 CITY-ST-7IF CITY-ST-ZIP raagous-LOUGBOAT VICE PIZES - TREASURER Addition TITLE TITLE ☐ Change NAME MARKARET NAME c margaret STREET ADDRESS STREET ADDRESS 541 BOWLPRI CITY-ST-ZIP CITY-ST-ZIP メイブフ お TITLE ☐ Addition ☐ Defete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Detete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-\$T-ZIP CITY-ST-ZIP ☐ Delete ☐ Addition TITLE TITLE □ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filing does not gualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information inclicated on this report or appelemental 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 feceivar 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

O TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR