2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

5/2.

FILED
Jun 12, 2003 8:00 am
Secretary of State
05-02-2003 90744 008 ***150.00

DOCUMENT # P01000076333

1. Entity Name
AMERILATINA, INC.

MH

Principal Place of Business	Mailing Address
10613 HANNOCKS BLVD 235 MIAMI FL 33196	10613 HANNOCKS BLVD 235 MIAMI FL 33196

[redacted]

☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
10613 Hammocks Blvd	
Suite, Apt. #, etc. 235	Suite, Apt. #, etc.
City & State Miami Fl. 33196	City & State
Zip / Country USA	Zip / Country

4. FEI Number 65-1126628 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

HERRERA, ~~SONIA~~ M MARTHA
10613 HAMMOCKS BLVD 235
MIAMI FL 33196

CORRECTION

7. Name and Address of New Registered Agent

Name MARTHA HERRERA MUÑOZ
Street Address (P.O. Box Number is Not Acceptable) 10613 Hammocks Blvd 235
Miami
City FL Zip Code 33196

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 By Martha Herrera Muñoz 5/1/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD BEROLO, JOSEPH 10613 HAMMOCKS BLVD - 235 MIAMI FL 33196 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICER - Treasurer MARTHA HERRERA MUÑOZ 10613 Hammocks Blvd 235 Miami Fl. 33196 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/02)

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED Martha Herrera 4/20/03 305 3819694
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #