

2002 UNIFORM BUSINESS REPORT (UBR)

5/21

FILED
Jun 18, 2002 8:00 am
Secretary of State

05-27-2002 90307 034 ***150.00

DOCUMENT # P01000077020

1. Entity Name

LA LATINA PRODUCTS CORP.

Principal Place of Business

8020 EBERSOL RD
 JACKSONVILLE FL 32216

Mailing Address

8020 EBERSOL RD
 JACKSONVILLE FL 32216

2. Principal Place of Business

6039 St. Augustine Rd.

Suite, Apt. #, etc.

3. Mailing Address

6039 St. Augustine Rd.

Suite, Apt. #, etc.

City & State

Jacksonville, Fl.

City & State

Jacksonville, Fl.

4. FEI Number

59-3736701

Applied For

Not Applicable

Zip

32217

Country

Duval

Zip

32217

Country

Duval

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

DIAZ, CAROLINA
 8020 EBERSOL RD
 JACKSONVILLE FL 32216

7. Name and Address of New Registered Agent

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

4222 Argentine Drive N.

City Jacksonville

FL

Zip Code 32217

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 PD
 NAME CAMEL, MARIA E
 STREET ADDRESS 4222 ARGENTINE DR N
 CITY-ST-ZIP JACKSONVILLE FL 32217 ☐ Delete

TITLE VD
 NAME CAMEL, FARID O
 STREET ADDRESS 4222 ARGENTINE DR N
 CITY-ST-ZIP JACKSONVILLE FL 32217 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(904) 730-3077

CR2E034 (9/01)