

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 16, 2002 8:00 am**  
**Secretary of State**

09-16-2002 90140 001 \*\*\*\*\*8.75  
 09-16-2002 90140 002 \*\*\*150.00

**DOCUMENT # P01000087877**

1. Entity Name

**LATINO BUSINESS MANAGEMENT CORP.**

Principal Place of Business

**16909 N BAY RD #517  
 SUNNY ISLES BEACH FL 33160**

Mailing Address

**16909 N BAY RD #517  
 SUNNY ISLES BEACH FL 33160**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

**1921 North Hicks rd**

Suite, Apt. #, etc.

**Apt 203**

City & State

**Palatine, IL**

Zip

**60074**

Country

**U.S.A**

4. FEI Number

**65-1140314**

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**DE LOS RIOS, JEANNE**

**16909 N BAY RD #517**

**SUNNY ISLES BEACH FL 33160**

7. Name and Address of New Registered Agent

Name

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

**8067 SW 73 Av Apt 9**

City **MIAMI**

**FL**

Zip Code

**33143**

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

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 \$550.00 / 150**  
**After September 13, 2002 Fee will be \$750.00**  
**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	DE LOS RIOS, JEANNE	
STREET ADDRESS	16909 N BAY RD #517	
CITY-ST-ZIP	SUNNY ISLES BEACH FL 33160	
TITLE	VD	<input type="checkbox"/> Delete
NAME	HOCHMAN, HORACIO	
STREET ADDRESS	16909 N BAY RD #517	
CITY-ST-ZIP	SUNNY ISLES BEACH 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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	8067 SW 73 Av Apt 9	
CITY-ST-ZIP	Miami FL 33143	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1921 North Hicks road Apt 203	
CITY-ST-ZIP	Palatine IL 60074	
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

Date

Daytime Phone #

CR2E034 (4/02)

Attachment  
Doc. # P01000087877  
99405

September, 12, 2002

Florida Department of State  
Katherine Harris  
Secretary of State

**Division of Corporations**  
P.O. Box 6327  
Tallahassee, Florida 32314

**To Whom It May Concern:**

Latino Business Management Corp. with Document Number P0100087877 did not receive the first and prior notice of the original one hundred and fifty dollars (\$ 150 .00) filling fee for **Uniform Business Report (UBR)**.

The Corporation sends one check of one hundred and fifty dollars with the completed (UBR) and other check for the certificate of status (\$8.75)

Please be sure to send the following correspondence mailing address 1921 North Hicks road Apt. 203. Palatine I.L. 60074.

Sincerely yours,

  
Jeanne De Los Rios

Officer  
President  
Latino Business Management Corp.