

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P01000091679

FILED  
Apr 28, 2002 8:00 AM  
Secretary of State

**Entity Name:** LATIN FIRE PRODUCTIONS, INC.

**Current Principal Place of Business:**

760 NW 106TH AVE.  
UNIT 3  
MIAMI, FL 331723137

**New Principal Place of Business:**

**Current Mailing Address:**

760 NW 106TH AVE.  
UNIT 3  
MIAMI, FL 331723137

**New Mailing Address:**

**FEI Number:** 65-1148263

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CASTRO, ANGEL G SR  
760 NW 106TH AVE.  
UNIT 3  
MIAMI, FL 331723137 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: TORRENTE, MANOLO  
Address: 760 NW 106TH AVE. UNIT 3  
City-St-Zip: MIAMI, FL 331723137

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MANOLO TORRENTE

D

04/28/2002

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date