

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P01000107864

FILED  
Mar 05, 2002 8:00 AM  
Secretary of State

**Entity Name:** THE ALTA GROUP LATIN AMERICAN REGION, INC.

**Current Principal Place of Business:**

8930 STATE RD. 84 #289  
DAVIE, FL 33324

**New Principal Place of Business:**

1920 LAKESHORE DR.  
WESTON, FL 33326

**Current Mailing Address:**

8930 STATE RD. 84 #289  
DAVIE, FL 33324

**New Mailing Address:**

FEI Number: 65-1151774      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

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

FORSTER, KATRIN  
8930 STATE RD. 84 #289  
DAVIE, FL 33324

**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: CASTILLO-TRIANA, RAFAEL  
Address: 8930 STATE RD. 84 #289  
City-St-Zip: DAVIE, FL 33324

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

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

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

Title: D ( ) Change (X) Addition  
Name: FORSTER CSVANY, KATRIN D  
Address: 8930 STATE RD.84 # 289  
City-St-Zip: DAVIE, FL 33324

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: KATRIN D FORSTER CSVANY

CFO

03/05/2002

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

\_\_\_\_\_  
Date