## **2003 FOR PROFIT CORPORATION**

P02000030271

## **UNIFORM BUSINESS REPORT (UBR)**

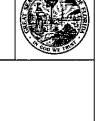
DOCUMENT # 1. Entity Name

LATINED EDUCATIONAL SERVICES, INC.



Principal Place of Business

Mailing Address



Apr 17, 2003 8:00 am \$ Secretary of State 204-17-2003 90607 040 75 **FILED** 

04-17-2003 90607 040 \*\*\*150.00

CALLE 128 C BOGOTA NA		CALLE 128 C47 A13 BOGOTA NA 57				
2. Principal Pl	ace of Business	3. Mailing Address				
Suite, Apt. #, etc. Suite, Apt. #, etc.		Suite, Apt. #, etc.		☐ CHECK HERE IF M	IAKING CHANGES	
City & State City &		City & State		4. FEI Number 98-0372710	Applied For  Not Applicable	
Zip	Country	Zip	Country.	5. Certificate of Status Desired	¢0.75 A J J	tional -
	6. Name and Address of Cu	rrent Registered Agent \		7. Name and Address of New Regis	stered Agent	
BIRNBACH, NINA 10651 NE 11 COURT			Name Street Address (P.O. Box Number is Not Acceptable)			
MIAMI SH	HORES FL 33138		City		FL Zip Code	
the obligations.	named entity submits this statem ons of registered agent.	Pan 8	registered office or regist		. I am familiar with, a	nd accept
After	May 1, 2003 Fee will be \$55 Payable to Florida Departme OFFICERS  D APONTE, RAMIRO CALLE 128 C 47 A 13 BOGOTA CUNDINAMARCA	AND DIRECTORS  Delete	11. TITLE NAME STREET ADDRESS CITY-SI-ZIP	9. Election Campaign Financ Trust Fund Contribution.  ADDITIONS/CHANGES TO OFFICER	☐ Added t	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MATEUS, MARTHA L CALLE 128 C 47 A J3 BOGOTA CUNDINAMARCA	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ri <del> s</del> a ri	☐ 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
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
		~ <del></del>				

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

**SIGNATURE:** 

11,2003