UBR AMMENDMENT
2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED

03 JUN 30 PM 12:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000048035

1. Entity Name
CORPORACION DE INVERSIONES LATINOAMERICANAS

Principal Place of Business	Mailing Address
122 RADCLIFFE COURT JUPITER, FL 33458	122 RADCLIFFE COURT JUPITER, FL 33458

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 37-1432453 | Applied For | Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
THOMPSON, IAN W 122 RADCLIFFE COURT JUPITER, FL 33458	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	DVST	☐ Delete	TITLE	D/CEO/P/S/T ☒ Change ☐ Addition
NAME	THOMPSON, IAN W		NAME	
STREET ADDRESS	122 RADCLIFFE COURT		STREET ADDRESS	
CITY-ST-ZIP	JUPITER, FL 33458		CITY-ST-ZIP	
TITLE	DP	☒ Delete	TITLE	☐ Change ☐ Addition
NAME	MCELVANCY, MARGARET T		NAME	700021407327
STREET ADDRESS	290 MARLBERRY CIRCLE		STREET ADDRESS	07/09/03--01011--003 **61.25
CITY-ST-ZIP	JUPITER, FL 33458		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: ____________________ June 23, 2003 561-776-0362
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date | Daytime Phone #

CR2E034 (10/02)

Jh 7/3