

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jul 07, 2003 8:00 am**  
**Secretary of State**

07-07-2003 90136 006 \*\*\*150.00

DOCUMENT # P02000051106

1. Entity Name

LATINOS COMMUNICATIONS & MARKETING, INC.



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

13014 N. Dale Mabry Hwy

Suite, Apt. #, etc.

#633

3. Mailing Address

13014 N. Dale Mabry Hwy

Suite, Apt. #, etc.

#633

City & State

Tampa, Florida

City & State

Tampa, Florida

Zip

33618

Country

U.S.A.

Zip

33618

Country

U.S.A.

90140639

DO NOT WRITE IN THIS SPACE

4. FEI Number

01-0715262

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

VILA MARCELINO J.

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

13014 N. DALE MABRY HWY.  
#633

City

TAMPA

FL

Zip Code

33618

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
NAME PD  
STREET ADDRESS VILA MARCELINO J.  
CITY-ST-ZIP 13014 N. Dale Mabry Hwy. #633  
Tampa, FL 33618

TITLE  
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CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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

SIGNATURE: *Marcelino J. Vila*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/25/03

Date

Daytime Phone #

CR2E034B (12/02)

Attachment #

90140639

Latinos Communications & Marketing, Inc.  
13014 N. Dale Mabry Hwy, #633  
Tampa, FL 33618-2808

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June 5, 2003

Division of Corporations  
Annual Report  
P.O. Box 6327  
Tallahassee, FL 32314-6327

RE: 2003 Uniform Business Report  
Document #: 202000051106  
FEI Number: 01-0715262

To Whom It May Concern:

Please note that I did not receive my Annual Business Reporting form. We have had some difficulty receiving mail.

Please accept my check enclosed for \$150.00 to reinstate my corporation. In advance, I thank you for your prompt attention to this ever so important matter.

Regards,



Marcelino J. Vila  
President/Director

Enclosure