

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

03 JUN 17 PM 12:14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P02000073287

1. Entity Name  
**LATIN AMERICA, INC.**



Principal Place of Business  
7812 W. SAMPLE RD.  
CORAL SPRINGS, FL 33065

Mailing Address  
7812 W. SAMPLE RD.  
CORAL SPRINGS, FL 33065



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

TAX HOUSE CORPORATION  
3929 N. FEDERAL HWY.  
POMPANO BEACH, FL 33064

7. Name and Address of New Registered Agent

Name **RAMIRO HERNANDEZ**  
Street Address (P.O. Box Number is Not Acceptable)  
**7812 W SAMPLE RD.**  
**MARGATE**  
City **FL** Zip Code **33065**

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 *Manuel Orono*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when resigning)

DATE

FILE NOW!!! FEE IS \$160.00

After May 1, 2003 Fee will be \$650.00

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 OSORIO, RAMIRO H**  
STREET ADDRESS **6912 NW 26 STREET**  
CITY-ST-ZIP **MARGATE, FL 33063**  
*Please change to* ☐ Delete

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME **RAMIRO HERNANDEZ** ☐ Change ☐ Addition  
STREET ADDRESS **6912 NW 26 street**  
CITY-ST-ZIP **MARGATE, FL 33063**

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS **500020886285**  
CITY-ST-ZIP **06/16/03--01087--005 \*\*150.00**

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
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: *Manuel Orono*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-13-03

Date

Daytime Phone #

CR2034 (10/02)

7/6/07

TO WHOM IT MAY CONCERN,

IT'S MY FIRST TIME FORMING A CORPORATION AND I DID NOT RECEIVE THE PREPINTED FORM TO RENEW THE CORPORATION IN JANUARY. I E-MAILED YOU ABOUT THIS MATTER. I RECEIVED AN E-MAIL BACK FROM YOU SAYING THAT I SHOULD DOWNLOAD FROM YOUR SITE THE PROPER FORM AND SEND \$150 CHECK WITH THE RENEWING FORM AND THE PENALTY SHOULD BE WAIVED. I THANK YOU FOR YOUR COOPERATION.

SINCERELY,



ANA MILENA ALBAN

SS # 595-35-8545