

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

FILED

03 NOV -4 PM 2:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000086009

1. Entity Name

LAT CAPITAL SOLUTIONS, INC



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
5201 BLUE LAGOON DR

3. Mailing Address
5201 BLUE LAGOON DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

857 823

857 823

City & State

City & State

MIAMI, FL

MIAMI, FL.

Zip
33126

Country
USA

Zip
33126

Country
USA

4. FEI Number 42-1546911

Applied For

Not Applicable

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

7. Name and Address of Current Registered Agent

Name- PRESIDENTIAL SERVICE INC.

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

1217 CAPE CORAL PWAY.

City CAPE CORAL

FL

Zip Code
33904

**DO NOT WRITE
IN THIS SPACE**

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.

100024393871
11/04/03--01010--011 **550.00

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	STREET ADDRESS	CITY-ST-ZIP
President:	Luis Diaz,	5201 Blue Lagoon Dr.	Suite 857, Miami, FL 33126
Secretary/Treasurer	Alejandrina Vasquez	5201 Blue Lagoon Dr.	Suite 857 Miami, FL

**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 title empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)

October 27, 2003

FL. DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
CORPORATE FILINGS
P.O. BOX 6327
TALLAHASSEE, FL. 32314

REF.: FEIN 42-1546911 – P02000086009

Dear Sirs,

One year has already elapsed since I filed my Corporation of the reference before your Division and up to this moment I have not received any advise from you regarding the renewal fee due to you every year.


I have been advised that by this date the amount due to you is \$550.00 and consequently I am enclosing herewith my Corporation check covering that amount, as well as a form that I have downloaded which hope is the one required for you.

Please let me have your confirmation that my Corporation has been renewed, but to secure reception, please do not send your response to our Registered Agent's office, but to the following address:

5201 Blue Lagoon Dr.
Suite # ~~857~~ 823
Miami, Fl. 33126

Your advises accordingly shall be appreciated.

Sincerely,

 CARLOS VELEZ

LAT CAPITAL SOLUTIONS, INC.
5201 BLUE LAGOON DR. – STE 857
MIAMI, FL. 33126