

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91788 013 ***150.00

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DOCUMENT # P02000089242 1. Entity Name LATINAMERICAN LEGAL CONSULTING, CORP					
Principal Place of Business 1560 SAWGRASS CORPORATE PARKWAY 400 SUNRISE, FL 33323			Mailing Address 1560 SAWGRASS CORPORATE PARKWAY 400 SUNRISE, FL 33323		
2. Principal Place of Business		3. Mailing Address 16700 SOUTH POST RD.			
Suite, Apt. #, etc.		Suite, Apt. #, etc. 104			
City & State		City & State WESTON, FL			
Zip	Country	Zip	Country	4. FEI Number 33-1019082	
5. Certificate of Status Desired <input type="checkbox"/>		Applied For <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent SERVERMAX TELECOM CORP 1560 SAWGRASS CORPORATE PARKWAY 450 SUNRISE, FL, FL 33323			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ (NOTE: Registered Agent's signature required when appointing) <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
FILE NOW!!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PIERANTOZZI, GIOVANNI <input type="checkbox"/> Delete 1560 SAWGRASS CORPORATE PARKWAY SUNRISE, FL 33323		TITLE NAME STREET ADDRESS CITY-ST-ZIP	0 PERDOMO MARRERO, YOLISBET C. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1560 SAWGRASS CORP. PKWY. SUNRISE, FL, 33323	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: PIERANTOZZI, GIOVANNI			04/07/2003 954-572-3187		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

CR2E034 (10/02)