

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90212 034 ***150.00

0315364 AV

DOCUMENT # P02000115494

1. Entity Name
LATIN WORLD I, INC.



Principal Place of Business
**3820 SW 153RD CT.
MIAMI FL 33185**

Mailing Address
**3820 SW 153RD CT.
MIAMI FL 33185**

2. Principal Place of Business

9601 S.W. 142 Av

Suite, Apt. #, etc.

#320

City & State

Miami - Fl.

Zip

33186

Country

Dade

3. Mailing Address

9601 S.W. 142 Av

Suite, Apt. #, etc.

#320

City & State

Miami - Fl.

Zip

33186

Country

Dade

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

11-3652718

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**LOPEZ, JUANA M
3820 SW 153RD CT.
MIAMI FL 33185**

7. Name and Address of New Registered Agent

Name

Lopez, Juana M.

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

9601 S.W. 142 Av. #320

City

Miami

FL

Zip Code

33186

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)

04/20/03

DATE

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.

☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME	PD LOPEZ, JUANA	<input type="checkbox"/> Delete
STREET ADDRESS	3820 SW 153RD CT.	
CITY-ST-ZIP	MIAMI FL 33185	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME	PD Lopez Juana	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	9601 S.W. 142 Av. #320	
CITY-ST-ZIP	Miami Fl 33186	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/20/03

DATE

(786 3853146)

DAYTIME PHONE #

CR2E034 (10/02)