

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90324 041 ***150.00

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DOCUMENT # P94000063018

1. Entity Name

LATIN AMERICAN MARKETING BUSINESS, INC.



Principal Place of Business

**4346 FOX RIDGE DR
WESTON FL 33331
US**

Mailing Address

**4346 FOX RIDGE DR
WESTON FL 33331
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0521176**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**TORRES, ALICIA B
4346 FOX RIDGE DR
WESTON FL 33331**

7. Name and Address of New Registered Agent

Name

RAFAEL TORRES

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

4346 Fox Ridge Dr.

City

Weston

FL

Zip Code

33331

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

RAFAEL TORRES

04/28/03

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PCM RAFAEL	<input type="checkbox"/> Delete
NAME	TORRES, RAFAEL	
STREET ADDRESS	4346 FOX RIDGE DR	
CITY-ST-ZIP	WESTON FL 33331	Weston, FL-33331
TITLE	VS	<input checked="" type="checkbox"/> Delete
NAME	TORRES, ALICIA	
STREET ADDRESS	4346 FOX RIDGE DR	
CITY-ST-ZIP	WESTON FL 33331	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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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:

RAFAEL TORRES

04/28/03

305 244 9735

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)