

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000075777

1. Entity Name

LATORRE ENTERPRISES, INC.

FILED

Feb 15, 2001 8:00 am
Secretary of State

02-15-2001 90058 003 ***150.00

Principal Place of Business

401 S.E. 10TH STREET B #105
DANIA FL 33304

Mailing Address

221 S BEL AIR DR
PLANTATION FL 33317

2. Principal Place of Business

401 S. BEL AIR Drive

3. Mailing Address

401 S. BEL AIR DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Plantation, FL

City & State

Plantation, FL

Zip

33317

Country

BROWARD

Zip

33317

Country

BROWARD

4. FEI Number

65-0531802

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SCHLICHTE, PAUL G
2134 HOLLYWOOD BLVD.
HOLLYWOOD FL 33020

Name

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

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ✓
NAME LATORRE, JOHN F
STREET ADDRESS 221 E BEL AIR DR
CITY-ST-ZIP PLANTATION FL 33317 ✓

TITLE
NAME
STREET ADDRESS 401 S. BEL AIR Drive
CITY-ST-ZIP

TITLE STD ✓
NAME LATORRE, JOSEPH ✓
STREET ADDRESS 401 S.E. 10TH STREET B #105
CITY-ST-ZIP DANIA FL 33304

TITLE
NAME
STREET ADDRESS 401 S. BEL AIR Drive
CITY-ST-ZIP Plantation, FL 33317

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. 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 11 or Block 12 if changed, or on an attachment with an address, with an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)