

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 10, 2003 8:00 am
Secretary of State

01-10-2003 90087 042 ***150.00

DOCUMENT # P94000075777

1. Entity Name
LATORRE ENTERPRISES, INC.



Principal Place of Business
10790 NW 53RD STREET
FT LAUDERDALE FL 33351

Mailing Address
10790 NW 53RD STREET
FT LAUDERDALE FL 33351

2. Principal Place of Business
925 SW 42nd Terrace
Suite, Apt. #, etc.

3. Mailing Address
925 SW 42nd Terrace
Suite, Apt. #, etc.

City & State
Plantation, Fl.
Zip 33317 Country Broward

City & State
Plantation, Fl.
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

SCHLICHTE, PAUL G
2134 HOLLYWOOD BLVD.
HOLLYWOOD FL 33020

7. Name and Address of New Registered Agent

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. 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

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 PD
NAME LATORRE, JOHN F
STREET ADDRESS 10790 NW 53RD STREET
CITY-ST-ZIP FT LAUDERDALE FL 33351

TITLE
NAME
STREET ADDRESS 925 SW 42nd Terrace
CITY-ST-ZIP Plantation, Fl. 33317

TITLE STD
NAME LATORRE, JOSEPH
STREET ADDRESS 7762 W 34TH LANE #202
CITY-ST-ZIP HIALEAH FL 33018

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

TITLE
NAME
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 employment.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/8/03

(954) 258-3388

Date

Daytime Phone #

CR2E034 (10/02)