

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 14, 2000 8:00 am
Secretary of State

02-14-2000 90128 021 ***150.00

DOCUMENT # P95000005914

1. Entity Name

LATINOS SALSA, INC.

Principal Place of Business

5550 SE 43RD CT
OCALA FL 34480

Mailing Address

PO BOX 3746
OCALA FL 34478-3746
US

2. Principal Place of Business

3100 SE MARICAMP RD

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

OCALA FLORIDA

City & State

City & State

Zip
34471

Country
MARION/USA

Zip

Country

4. FEI Number **59-3325766**

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

SHANSON, VIVIAN L
502 BAHIA CIRCLE
OCALA FL 34472

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, 2000 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 **D**
NAME **POZO, ERNESTO G**
STREET ADDRESS **5550 SE 43RD CT**
CITY-ST-ZIP **OCALA FL 34480**

☒ Delete

TITLE **D**
NAME **POZO ERNESTO G**
STREET ADDRESS **3709 SE 35TH CT**
CITY-ST-ZIP **OCALA FL 34471**

☒ Change ☐ Addition

TITLE
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☐ Change ☐ Addition

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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/10/00

Date

(352) 3683120

Daytime Phone #

CR2E034 (9/99)