

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000091876

1. Entity Name

LATIN AMERICAN MULTIMEDIA SERVICES, INC.

FILED

Apr 11, 2000 8:00 am  
Secretary of State

04-11-2000 90217 017 \*\*\*150.00

Principal Place of Business

95 MERRICK WAY  
STE 525  
CORAL GABLES FL 33134  
US

Mailing Address

95 MERRICK WAY  
STE 525  
MIAMI FL 33134-5310  
US

2. Principal Place of Business

2400 North Commerce Parkway

3. Mailing Address

2400 North Commerce Parkway

Suite, Apt. #, etc.

suite 307

Suite, Apt. #, etc.

suite 307

City & State

Weston Florida

City & State

Weston Florida

Zip

33326

Country

USA

Zip

33326

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0667848

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

SALGADO, JAVIER  
95 MERRICK WAY, #525  
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name  
Carlos Salgado.

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

2400 North Commerce Parkway

suite 307

City

Weston

FL

Zip Code

33326

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

PD  
SALGADO, CARLOS  
1825 PONCE DE LEON BLVD.  
CORAL GABLES FL 33134

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

S  
PEREZ, MARINA  
1825 PONCE DE LEON BLVD. #225  
CORAL GABLES FL 33134

☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

☐ 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

Date

Daytime Phone #

CR2E034 (9/99)