

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000005221

1. Entity Name

LATIN AMERICAN NETWORK INTERNATIONAL, INC.

FILED
May 09, 2000 8:00 am
Secretary of State

05-09-2000 90118 014 ***150.00

Principal Place of Business

12855 SW 136 AVENUE
 101
 MIAMI FL 33186
 US

Mailing Address

PO BOX 960669
 MIAMI FL 33296-0669
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0632489

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

SCOTTO, FULVIO
 895 SW 86TH CT
 MIAMI FL 33144

Name

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

7345 SW 21 STREET

City MIAMI

FL

Zip Code 33155

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 PS ☐ Delete
 NAME SCOTTO, FULVIO
 STREET ADDRESS 12855 SW 136TH AVENUE, #106
 CITY-ST-ZIP MIAMI FL 33186

TITLE ☒ Change ☐ Addition
 NAME ☐ Change ☐ Addition
 STREET ADDRESS 12855 SW 136 AVENUE # 101
 CITY-ST-ZIP MIAMI FL 33186

TITLE T ☐ Delete
 NAME GUTIERREZ, ERNESTO
 STREET ADDRESS 12855 SW 136TH AVENUE, #106
 CITY-ST-ZIP MIAMI FL 33186

TITLE ☒ Change ☐ Addition
 NAME ☐ Change ☐ Addition
 STREET ADDRESS 12855 SW 136 AVENUE # 101
 CITY-ST-ZIP MIAMI FL 33186

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
 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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)