

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 20, 2001 8:00 am
Secretary of State

08-20-2001 90075 036 ***558.75

0037896 AV

DOCUMENT # P96000014153

1. Entity Name
LATIN AMERICAN INVESTORS CORPORATION

Principal Place of Business
564 SW 42 AVENUE
CORAL GABLES FL 33134
US

Mailing Address
564 SW 42 AVENUE
CORAL GABLES FL 33134
US

00061664



2. Principal Place of Business

825 CORAL WAY
 Suite, Apt. #, etc.
CORAL GABLES, FL
 City & State

3. Mailing Address

825 CORAL WAY
 Suite, Apt. #, etc.
CORAL GABLES, FL
 City & State

DO NOT WRITE IN THIS SPACE

Zip
33134

Country
DADE USA

Zip
33134

Country
USA

4. FEI Number
65-0646232

Applied For
 Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

SUAREZ, JOSE
832 GRANADA GROVE CT
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name
SUAREZ, JOSE

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

825 CORAL WAY

City
CORAL GABLES FL Zip Code
33134

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]

JOSE SUAREZ

8-13-07

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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	DPV SUAREZ, JOSE 832 GRANADA GROVE CT CORAL GABLES FL 33134	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TSD WACHTER, CHERYL J. 832 GRANADA GROVE CT CORAL GABLES FL 33134	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M SUAREZ, JOSE SR. 18707 N.E. 14TH AVE BLVD H. APT. 733 NORTH MIAMI BEACH FL 33179	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M SUAREZ, ALICIA 18707 N.E. 14TH AVE. BLD H APT. 733 NORTH MIAMI BEACH FL 33179	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPV P/V/S/D SUAREZ, JOSE 825 CORAL WAY CORAL GABLES, FL 33134	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D WACHTER, CHERYL J. 825 CORAL WAY CORAL GABLES FL 33134	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M SUAREZ, JOSE SR. 2476 SW 25 TERRACE MIAMI, FL 33133	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M SUAREZ, ALICIA 2476 SW 25 TERRACE MIAMI, FL 33133	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-13-01

305-629-35

Date

Daytime Phone #

37

CR2E034 (5/01)