7/24/01-90024-013-$163.75-$163.75

1 of 2

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

01 SEP 28 PM 1:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

773387

DO NOT WRITE IN THIS SPACE

DOCUMENT # P96000026036

1. Entity Name

LATIN AMERICAN ARTCONSULTANTS INC.

Principal Place of Business	Mailing Address
2742 BISCAYNE BLVD MIAMI, FL 33137	2742 BISCAYNE BLVD MIAMI, FL 33137

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 65-0654938 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HERNANDEZ, ELOY
2742 BISCAYNE BLVD
MIAMI, FL 33137

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.

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, 2001, 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 NAME STREET ADDRESS CITY-ST-ZIP	D HERNANDEZ, ELOY 2742 BISCAYNE BLVD MIAMI, FL 33137 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME 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)

TOTAL P.02

2 of 2

September 17, 2001

Ms. Katherine Harris
Secretary of State
Division of Corporations

Re: Annual Report 2001 for Latin American Art Consultants Inc.
#P96000026036

I would like to request waive of penalties for the year 2001 Annual Report. I never received the first notice to file the Annual Report. I know it is my responsibility to file and make the payment with or without the notice. I apologize for the inconvenience and misunderstanding this may have cause and promise to submit payment on time next year.

Sincerely,

Eloy Hernandez / Pres.
2742 Biscayne Blvd
Miami, FL 33137