

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P96000039590**

1. Entity Name

**LA GARD LATIN AMERICA, INC.****FILED****Apr 25, 2001 8:00 am**  
**Secretary of State**

04-25-2001 90036 015 \*\*\*150.00

Principal Place of Business

**16561 TURQUOISE TR  
WESTON FL 33331  
US**

Mailing Address

**16561 TURQUOISE TR  
WESTON FL 33331  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**65-0676304**

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

**BERNSTEIN, JEFFREY A  
100 N BISCAYNE BLVD  
SUITE 1707  
MIAMI FL 33132**

Name

**ALBERTO ALARCON**

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

**741 SHOTGUN ROAD**

City

**SUNRISE****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]*  
Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**04/18/01**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	DP	<input type="checkbox"/> Delete
NAME	ALARCON, ALBERTO	
STREET ADDRESS	16561 TURQUOISE TR	
CITY-ST-ZIP	WESTON FL 33331	

TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALARCON ALBERTO	
STREET ADDRESS	3960 OSPREY CT.	
CITY-ST-ZIP	WESTON, FL 33331	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 #

**04/18/01 (954) 4765574**

CR2E034 (10/00)