

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90320 022 ***150.00

DOCUMENT # P96000041755

1. Entity Name
LATINSPIHERE ELECTRONICS, INC.



Principal Place of Business
**10992 CHANDLER DRIVE
COOPER CITY FL 33026-4752**

Mailing Address
**10992 CHANDLER DRIVE
COOPER CITY FL 33026-4752**

20037779



2. Principal Place of Business
1575 S.W. 116th AVE
Suite, Apt. #, etc.

3. Mailing Address
1575 S.W. 116th AVE.
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
PEMBROKE PINES, FL
Zip
33025 Country
BROWARD

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PEMBROKE PINES, FL
Zip
33025 Country
BROWARD

4. FEI Number **65-0667198** Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**LEWIN, CARLOS
10992 CHANDLER DRIVE
COOPER CITY FL 33026-4752**

7. Name and Address of New Registered Agent

Name **LEWIN, CARLOS**
Street Address (P.O. Box Number is Not Acceptable)
1575 S.W. 116th AVE.
City **PEMBROKE PINES** FL Zip Code **33025**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **CARLOS LEWIN** **04/28/03**
Signature, typed or printed name of registered agent and fee is applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEWIN, CARLOS % 10992 CHANDLER DRIVE COOPER CITY FL 33026-4752	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEWIN, CARLOS JR. % 10992 CHANDLER DRIVE COOPER CITY FL 33026-4752	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEWIN, GLADYS C % 10992 CHANDLER DRIVE COOPER CITY FL 33026-4752	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEWIN, PAULINA E % 10992 CHANDLER DRIVE COOPER CITY FL 33026-4752	<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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (10/02)

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