2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2001 08:00 AM
Secretary of State

DOCUMENT # **P96000043744**

1. Entity Name
NETWORK LATIN AMERICA, INC.

Principal Place of Business	Mailing Address
1800 SECOND ST STE 884 SARASOTA FL 34236 US	1800 SECOND ST STE 884 SARASOTA FL 34236 US

2. Principal Place of Business		3. Mailing Address	
1800 SECOND ST.		1399 BEL AIRE ROAD	
Suite, Apt. #, etc. SUITE 884		Suite, Apt. #, etc.	
City & State SARASOTA FL		City & State SAN MATEO CA	
Zip 34236	Country US	Zip 94402	Country US

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0674374** ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

TURNER JAMES L
200 SOUTH ORANGE AVENUE

SARASOTA FL
34236 US

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 ______________________ 04/29/2001
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	T	☐ Delete	TITLE	T	☒ Change ☐ Addition
NAME	HARBISON ANDREA D		NAME	HARBISON ANDREA D	
STREET ADDRESS	1418 LADUE LN		STREET ADDRESS	1399 BEL AIRE ROAD	
CITY-ST-ZIP	SARASOTA FL 34231		CITY-ST-ZIP	SAN MATEO CA 94402	
TITLE	PSD	☐ Delete	TITLE	PSD	☒ Change ☐ Addition
NAME	HARBISON MICHAEL E		NAME	HARBISON MICHAEL E	
STREET ADDRESS	1418 LADUE LN		STREET ADDRESS	1399 BEL AIRE ROAD	
CITY-ST-ZIP	SARASOTA FL 34231		CITY-ST-ZIP	SAN MATEO CA 94402	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

CR2E034 (11/00)

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: Michael E. Harbison PSD 04/29/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #