

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 08, 2000 8:00 am**  
**Secretary of State**

05-08-2000 90145 044 \*\*\*150.00

DOCUMENT # P97000012378

1. Entity Name

**LATIN AMERICA BEVERAGE CONSULTANTS, INC.**

Principal Place of Business

Mailing Address

6463 NW 102 TRR  
 PARKLAND FL 33096

6463 NW 102 TRR  
 PARKLAND FL 33078-2357

2. Principal Place of Business

9530 SW 68TH AVE

3. Mailing Address

9530 SW 68TH AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

MIAMI, FL

4. FEI Number

65-0746621

Applied For

Not Applicable

Zip

33156

Country

USA

Zip

33156

Country

USA

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

CANAL, ALVARO  
 6463 NW 102 TRR  
 PARKLAND FL 33076

Name **CANAL, ALVARO**

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

9530 SW 68TH AVE

MIAMI, FL

City

FL

Zip Code

33156

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, 2000 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	Delete
DP	CANAL, ALVARO	6463 HW 102 TRR	PARKLAND FL 33076	<input checked="" type="checkbox"/>
S	VAN-DER.PUT, ELAINE	6463 NW 102 TRR	PARKLAND FL 33076	<input checked="" type="checkbox"/>
DP	CANAL, ALVARO	9530 SW 68TH AVE	MIAMI, FL 33156	<input type="checkbox"/>
S	VAN DER PUT ELAINE	9530 SW 68TH AVE	MIAMI, FL 33156	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

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

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 #

CR2E034 19/99