

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000072252

1. Entity Name

LATIN AMERICAN CONCESSIONS, INC.

Principal Place of Business

4649 PONCE DE LEON  
#404  
MIAMI FL 33146

Mailing Address

4649 PONCE DE LEON  
#404  
MIAMI FL 33146-2121

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BENCOMO, ESTEBAN  
2472 NW 21 TERRACE  
MIAMI FL 33142

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, 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          | P                  | <input type="checkbox"/> Delete |
| NAME           | BENCOMO, ESTEBAN   |                                 |
| STREET ADDRESS | 2472 NW 21 TERRACE |                                 |
| CITY-ST-ZIP    | MIAMI FL 33142     |                                 |
| TITLE          | ST                 | <input type="checkbox"/> Delete |
| NAME           | BENCOMO, MIGDALIA  |                                 |
| STREET ADDRESS | 2472 NW 21 TERRACE |                                 |
| CITY-ST-ZIP    | MIAMI FL 33142     |                                 |
| TITLE          |                    | <input type="checkbox"/> Delete |
| NAME           |                    |                                 |
| STREET ADDRESS |                    |                                 |
| CITY-ST-ZIP    |                    |                                 |
| TITLE          |                    | <input type="checkbox"/> Delete |
| NAME           |                    |                                 |
| STREET ADDRESS |                    |                                 |
| CITY-ST-ZIP    |                    |                                 |
| TITLE          |                    | <input type="checkbox"/> Delete |
| 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            |
| NAME           |                       |  |
| STREET ADDRESS |                       |  |
| CITY-ST-ZIP    |                       |  |
| TITLE          | S                     | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                       |  |
| STREET ADDRESS |                       |  |
| CITY-ST-ZIP    |                       |  |
| TITLE          | VP                    | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | PEDRO AMARO JR.       |  |
| STREET ADDRESS | 14240 SW 33 ST.       |  |
| CITY-ST-ZIP    | MIAMI FL 33175        |  |
| TITLE          | VP                    | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | DIMOS THEODORIS       |  |
| STREET ADDRESS | 16020 SW 105          |  |
| CITY-ST-ZIP    | MIAMI FL 33196        |  |
| TITLE          | T                     | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | JOSE G. ALBERNI       |  |
| STREET ADDRESS | 801 HARBOR DR         |  |
| CITY-ST-ZIP    | KEY BISCAYNE FL 33142 |  |
| 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 #

**FILED**  
**Feb 27, 2000 8:00 am**  
**Secretary of State**

02-27-2000 90079 023 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0780410

Applied For

Not Applicable

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

CR2E034 (9/99)