

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 10, 2002 8:00 am**  
**Secretary of State**

0202510 AV

**DOCUMENT # P97000078828**

**1. Entity Name**  
**LATIN AMERICA TELECOM, INC.**

04-10-2002 90030 019 \*\*\*150.00

**Principal Place of Business**  
**601 BRICKELL KEY DRIVE**  
**SUITE 705**  
**MIAMI FL 33131**

**Mailing Address**  
**601 BRICKELL KEY DRIVE**  
**SUITE 705**  
**MIAMI FL 33131**



**2. Principal Place of Business**  
**Luis Pasteur 5842**  
**Oficina 302**  
**Vitacura, Santiago de Chile**  
**Chile**

**3. Mailing Address**  
**Luis Pasteur 5842**  
**Oficina 302**  
**Vitacura, Santiago de Chile**  
**Chile**

DO NOT WRITE IN THIS SPACE

**4. FEI Number** **65-0783586** **Applied For**  
**Not Applicable**

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

**6. Name and Address of Current Registered Agent**

**DE LA PENA & BAJANDAS, LLP**  
**601 BRICKELL KEY DRIVE**  
**SUITE 705**  
**MIAMI FL 33131**

**7. Name and Address of New Registered Agent**

**Name** **CT Corp**  
**Street Address (P.O. Box Number is Not Acceptable)** **1200 South Pine Island Road**  
**City** **Plantation** **FL** **Zip Code** **33324**

**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**  **4/1/02**  
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, 2002 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**

<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>PD</b> <b>WELCH, JORGE</b> <b>601 BRICKELL KEY DRIVE, SUITE 705</b> <b>MIAMI FL 33131</b>	<input type="checkbox"/> Delete
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>S</b> <b>DE LA PENA, LEONCIO E</b> <b>601 BRICKELL KEY DRIVE, SUITE 705</b> <b>MIAMI FL 33131</b>	<input checked="" type="checkbox"/> Delete
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Delete
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Delete
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Delete
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Delete

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>PD</b> <b>Jorge Welch</b> <b>Luis Pasteur 5842 Oficina 302</b> <b>Vitacura Santiago de Chile</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition

**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 information.**

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

**4/1/02**  
**Date**

**Daytime Phone #**

CR2E034 (9/01)