

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000093364

1. Entity Name

LATIN WORLD COMMUNICATIONS, INC.

**FILED**  
**Jan 20, 2000 8:00 am**  
**Secretary of State**

01-20-2000 90099 014 \*\*\*150.00

Principal Place of Business

Mailing Address

29 AVENUE OF THE FLOWERS  
LONGBOAT KEY FL 34228

29 AVENUE OF THE FLOWERS  
LONGBOAT KEY FL 34228-3134

A0008037

2. Principal Place of Business

602 10TH ST. WEST

Suite, Apt. #, etc.

3. Mailing Address

602 10TH ST. WEST

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Palmetto, FL

City & State

Palmetto, FL

4. FEI Number

65-0859804

Applied For

Not Applicable

Zip

34221

Country

MANATEE

Zip

34221

Country

MANATEE

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

CASWELL, CHRISTOPHER K P.A.  
100 WALLACE AVE. SUITE 380  
SARASOTA FL 34237

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 ☐ Delete  
NAME D  
STREET ADDRESS BOUDROT, DEBRA A  
CITY-ST-ZIP 29 AVENUE OF THE FLOWERS  
LONGBOAT KEY FL 34228

TITLE ☒ Change ☐ Addition  
NAME PRES,  
STREET ADDRESS BOUDROT, DEBRA A.  
CITY-ST-ZIP 602 10TH ST. WEST  
PALMETTO, FL 34221

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE ☐ Delete  
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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 #

1/13/00

94-729-2244