

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2003 8:00 am
Secretary of State

02-05-2003 90150 014 ***150.00

DOCUMENT # P97000096617

1. Entity Name
LATIN EXPORT GROUP, INC.



Principal Place of Business

**37 E 17TH ST
ST CLOUD FL 34769
US**

Mailing Address

**LATIN EXPORT GROUP
PO BOX 422882
KISSIMMEE FL 34742-2882
US**

2. Principal Place of Business

105 E 17th St

3. Mailing Address

Suite, Apt. #, etc.

**Suite, Apt. #, etc.
St. Cloud FL**

City & State

Zip

Country

34769

US

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3479912**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**URELLA, DEMETRI
1730 WOODSIDE CT
KISSIMMEE FL 34744**

7. Name and Address of New Registered Agent

Name **Urella, Demetri**

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

9000 W. Basilico

City **Crystal River**

FL

Zip Code

34428

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **URELLA, DEMETRI**
STREET ADDRESS **1730 WOODSIDE COURT**
CITY-ST-ZIP **KISSIMMEE FL 34744**

TITLE **D** ☐ Delete
NAME **URELLA, LILIANA**
STREET ADDRESS **1730 WOODSIDE COURT**
CITY-ST-ZIP **KISSIMMEE FL 34744**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Change ☐ Addition
NAME **Urella, Demetri**
STREET ADDRESS **9000 W. Basilico**
CITY-ST-ZIP **Crystal River, FL 34428**

TITLE **D** ☐ Change ☐ Addition
NAME **Urella, Liliana**
STREET ADDRESS **9000 W. Basilico**
CITY-ST-ZIP **Crystal River FL 34428**

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

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

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

02/01/03 (407) 761 5984

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)