

# 2000 UNIFORM BUSINESS REPORT (UBR)

1999 & 2000

DOCUMENT # **P98000057508**

1. Entity Name

**LATIN COMMUNICATIONS CORP.**

ADMIN. DISS.

06-29-2000 90632 005 \*\*\*150.00

P98000057508

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 JUL 12 PM 12:34

Principal Place of Business

Mailing Address

2. Principal Place of Business

**2841 S. Clearbrook Cir**  
Suite, Apt. #, etc.

3. Mailing Address

**Sm.**

City & State

**Delray Beach, FL**

City & State

4. FEI Number

**65-0842633**

Applied For

Not Applicable

Country

**USA**

Zip

Country

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

**JAMES V. IADEROSE**  
**2841 S. CLEARBROOK CIR.**  
**DELRAY BEACH, FL 33445**

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 of registered agent 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 17 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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**JAMES V. IADEROSE, PRES** ☐ Delete  
**2841 S. Clearbrook Cir.**  
**Delray Beach FL 33445**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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

**5/22/00**

Daytime Phone #

**561-433-4940**

CR2E034 (9/99)

7/10