

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 23, 2003 8:00 am**  
**Secretary of State**

01-23-2003 90110 034 \*\*\*150.00

**DOCUMENT # P98000061624**

1. Entity Name  
**EUROPEAN SPECIALTY LATIN AMERICA, INC.**



Principal Place of Business  
**1320 S DIXIE HWY. 6TH FLOOR  
CORAL GABLES FL 33146**

Mailing Address  
**1320 S DIXIE HWY. 6TH FLOOR  
CORAL GABLES FL 33146**



2. Principal Place of Business  
**1320 S Dixie Hwy.**

3. Mailing Address

Suite, Apt. #, etc.  
**Suite 375**

Suite, Apt. #, etc.

City & State  
**Coral Gables, FL**

City & State

Zip  
**33146**

Country  
**USA**

Zip

Country

4. FEI Number **65-0860143**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

## 6. Name and Address of Current Registered Agent

**DUNCAN, ROSARIO P  
1320 S DIXIE HWY, 6TH FLOOR  
CORAL GABLES FL 33146**

## 7. Name and Address of New Registered Agent

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. 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  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**PST  
MICHELL, KAREN  
1320 S DIXIE HIGHWAY SUITE 375  
CORAL GABLES FL 33146** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
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TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**PRESIDENT  
JARAMILLO, LOIS  
1320 S DIXIE HWY SUITE 375  
CORAL GABLES FL 33146** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**DIRECTOR  
DAVIS, ALASDAIR  
1320 S DIXIE HWY SUITE 375  
CORAL GABLES FL 33146** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**DIRECTOR  
WEBSTER, MARGARET  
1320 S DIXIE HWY SUITE 375  
CORAL GABLES FL 33146** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**DIRECTOR  
LAROTTA, RAFAEL  
1320 S DIXIE HWY SUITE 375  
CORAL GABLES FL 33146** ☐ Change ☒ Addition

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

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

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**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Jan 17/03 305-668-5102

CR2E034 (10/02)