## 2001 UNIFORM BUSINESS REPORT (UBR)

## FILED Feb 26, 2001 8:00 am Secretary of State DOCUMENT # **P98000092695** 1. Entity Name LATIN GLOBE BUSINESS TRADING, INC. 02-26-2001 90533 045 \*\*\*163.75 Principal Place of Business Mailing Address 275 FOUNTAINEBEAU BLVD 275 FOUNTAINEBEAU BLVD **SUITE 172 SUITE 172** C0024606 MIAMI FL 33172 MIAMI FL 33172 Principal Place of Business 3. Mailing Address 1090 HALLAN BALL BLACK BLVC 409 w Hauaudole Tobel DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 205 Applied For City & State 4. FEI Number 65-0897912 Not Applicable iallandale, Country \$8.75 Additional 5. Certificate of Status Desired 33*00* U SA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LAW OFFICES OF ELIZABETH C PINES-CONTE Street Address (P.O. Box Number is Not Acceptable) 3301 PONCE DE LEON BLVD **STE 200 CORAL GABLES FL 33134** Zip Code City FL 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) ـــي دين FILE NOW!!!\_FEE.IS,\$1,50.00 • 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. President Secretary Director Delete TITLE TITLE BIANCA, IASSOQNA 3025NE, 190 STUNS 107 MURILLO, FERNANDO NAME NAME STREET ADDRESS STREET ADDRESS C/O 3301 PONCE DE LEON BLVD, STE 200 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33134 AVENTURALEL 33180 Change Addition **VPS** ☐ Delete TITLE TITLE RODRIGUES ACACID 3025 NE 1405, Nº 208 AVENTURA, FL 33180 NAME RODRIGUEZ, ACACIO NAME STREET ADDRESS STREET ADDRESS 275 FONTAINEBLEAU BLVD., SUITE 172 CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33172** Change ☐ Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE □ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

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 appears in Block 11 or Block 12 if cecus 1a SIGNATURE: 1