

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 26, 2001 8:00 am**  
**Secretary of State**

02-26-2001 90533 045 \*\*\*163.75

**DOCUMENT # P98000092695**

1. Entity Name  
**LATIN GLOBE BUSINESS TRADING, INC.**

Principal Place of Business <b>275 FOUNTAINEBEAU BLVD          SUITE 172          MIAMI FL 33172          US</b>	Mailing Address <b>275 FOUNTAINEBEAU BLVD          SUITE 172          MIAMI FL 33172          US</b>
---	---

**C0024606**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>409 W HALLANDALE BEACH BLVD.          SUITE, Apt. #, etc.          205</b>	3. Mailing Address <b>409 W HALLANDALE BEACH BLVD.          SUITE, Apt. #, etc.          205</b>
---	---

City & State <b>HALLANDALE, FL</b>	City & State <b>HALLANDALE, FL</b>	4. FEI Number <b>65-0897912</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>33009</b>	Country <b>USA</b>	Zip <b>33009</b>	Country <b>USA</b>

5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
---

6. Name and Address of Current Registered Agent  
**LAW OFFICES OF ELIZABETH C PINES-CONTE  
 3301 PONCE DE LEON BLVD  
 STE 200  
 CORAL GABLES FL 33134**

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.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2001 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	<b>PTD MURILLO, FERNANDO C/O 3301 PONCE DE LEON BLVD, STE 200 MIAMI FL 33134</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPS RODRIGUEZ, ACACIO 275 FOUNTAINEBLEAU BLVD., SUITE 172 MIAMI FL 33172</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President / Secretary / Director BIANCA IASSOGNA 3025 NE, 190 ST, No 107 AVENTURA, FL 33180</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP RODRIGUEZ ACACIO 3025 NE, 190 ST, No 208 AVENTURA, FL 33180</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Acacio Rodriguez* **Acacio Rodriguez, Vice President** 2/26/01 954/455-7719  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)