

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

2/  
**FILED**  
**Apr 07, 2002 8:00 am**  
**Secretary of State**

02-24-2002 90003 009 \*\*\*155.00

**DOCUMENT #** P98000092695

1. Entity Name

Latin Globe, Inc.

21360

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
1920 E. Hallandale Beach Blvd.

3. Mailing Address  
1920 E. Hallandale Beach Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 707

Suite 707

City & State  
Hallandale, FL

City & State  
Hallandale, FL

DO NOT WRITE IN THIS SPACE

4. FEI Number  
65-0897912

Applied For  
Not Applicable

Zip Country  
33009 USA

Zip Country  
33009 USA

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

7. Name and Address of Current Registered Agent

Name  
Biana Iassogna  
Street Address (P.O. Box Number is Not Acceptable)  
1920 E. Hallandale Beach Blvd.  
Suite 707  
City Hallandale, FL Zip Code 33009

**DO NOT WRITE  
IN THIS SPACE**

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

*Biana Iassogna*

Signature, typed 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)

January 1 - May 1 Fee is \$150.00.  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
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	President Biana Iassogna 3025 NE 190 St., #107 Aventura, FL 33179
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Acacio Rodriguez 3025 NE 190 St., #107 Aventura, FL 33179
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

*Biana Iassogna*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/08/2002

Date

Daytime Phone #

CR2E034B (12/01)