

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

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

DOCUMENT # P98000092695

02-24-2002 90003 009 ***155.00

1. Entity Name

Latin Globe, Inc.

DO NOT WRITE IN THIS SPACE

21360

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

City & State

Hallandale, FL

Hallandale, FL

Zip

Country

33009

USA

Zip

Country

33009

USA

4. FEI Number

65-0897912

Applied For

Not Applicable

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	President
NAME	Biana Iassogna
STREET ADDRESS	3025 NE 190 St., #107
CITY-ST-ZIP	Aventura, FL 33179
TITLE	Vice President
NAME	Acacio Rodriguez
STREET ADDRESS	3025 NE 190 St., #107
CITY-ST-ZIP	Aventura, FL 33179
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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)