

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000098724

1. Entity Name

LATIN ADVERTISING CORP.

FILED
Feb 24, 2000 8:00 am
Secretary of State

02-24-2000 90037 003 ***150.00

Principal Place of Business

Mailing Address

2333 BRICKELL AVENUE
MEZZANINE SUITE
MIAMI FL 33129

2333 BRICKELL AVENUE
MEZZANINE SUITE
MIAMI FL 33129-2435

2. Principal Place of Business

1390 S. DIXIE HIGHWAY

3. Mailing Address

170 OCEAN LANE DRIVE

Suite, Apt. #, etc.

SUITE 2207

Suite, Apt. #, etc.

UNIT 404

City & State

CORAL GABLES, FL

City & State

KEY BISCAYNE, FLORIDA

Zip

33146

Country

USA

Zip

33149

Country

USA

4. FEI Number

65-0884485

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RODRIGUEZ, MIGDALIA
2333 BRICKELL AVENUE
MEZZANINE SUITE
MIAMI FL 33129

Name

MARTA LEONOR AMADOR

Street Address (P.O. Box Number is Not Acceptable)

170 OCEAN LANE DRIVE

UNIT 404

City

KEY BISCAYNE

FL

Zip Code
33149

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

Marta Leonor Amador

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) ☐

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	LEONOR AMADOR, MARTA	
STREET ADDRESS	2333 BRICKELL AVENUE, MEZZANINE SUITE	
CITY-ST-ZIP	MIAMI FL 33129	
TITLE	VD	<input type="checkbox"/> Delete
NAME	GEREZ, ENRIQUE	
STREET ADDRESS	2333 BRICKELL AVENUE, MEZZ, SUITE	
CITY-ST-ZIP	MIAMI FL 33129	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AMADOR, MARTA LEONOR	
STREET ADDRESS	170 OCEAN LANE DRIVE, UNIT 404	
CITY-ST-ZIP	KEY BISCAYNE, FL 33149	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GEREZ, ENRIQUE	
STREET ADDRESS	170 OCEAN LANE DRIVE, UNIT 404	
CITY-ST-ZIP	KEY BISCAYNE, FL 33149	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Marta Leonor Amador

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/8/00 305-361-8204

Daytime Phone #

CR2E034 (9/99)