

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000103459

1. Entity Name

LATIN COMPUTER INC.

Principal Place of Business

8001 NW 36ST  
#109  
MIAMI FL 33166  
US

Mailing Address

8001 NW 36 ST.  
SUITE 109  
MIAMI FL 33166

2. Principal Place of Business

9419 Fontainebleau blvd.

3. Mailing Address

9419 Fontainebleau blvd

Suite, Apt. #, etc.

#106

Suite, Apt. #, etc.

#106

City & State

Miami, FL

City & State

Miami, FL

Zip

33172

Country

USA

Zip

33172

Country

USA

6. Name and Address of Current Registered Agent

PEREZ, IGNACIO J  
9419 FONTAINEBLEAU BLVD.  
SUITE 106  
MIAMI FL 33172

7. Name and Address of New Registered Agent

Name

SAME

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

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, 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 PD  
NAME PEREZ, IGNACIO J  
STREET ADDRESS 9419 FONTAINEBLEAU BLVD.  
CITY-ST-ZIP MIAMI FL 33172

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Perez, IGNACIO J.

Feb. 28, 2001

Date

Daytime Phone #

305 962 9383

0212931

CR2E034 (10/00)



DO NOT WRITE IN THIS SPACE