

**2002 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 29, 2002 8:00 am
Secretary of State

05-29-2002 93592 035 ***150.00

DOCUMENT # P99000000427

1. Entity Name

LATINFINANCIAL CORPORATION**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

6555 NW 36TH STREET

Suite, Apt. #, etc.

Suite 117

City & State

VIRGINIA GARDENS, FL

Zip

33166-6903

Country

3. Mailing Address

6555 NW 36TH STREET

Suite, Apt. #, etc.

Suite 117

City & State

VIRGINIA GARDENS, FL

Zip

33166-6903

Country

4. FEI Number

65-0894963

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name

Juan Garces

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

6555 NW 36th St., Suite 117

City

Virginia Gardens**FL**

Zip Code

33166-6903

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

Juan Garces, President**5/12/02**

(NOTE: Registered Agent's 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) ☐10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	D, P, S
NAME	Juan Garces
STREET ADDRESS	6555 NW 36TH STREET, Suite 117
CITY - ST - ZIP	Virginia Gardens, FL 33166-6903

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**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)(f), 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:**Juan Garces, President 5/12/02****(305) 876-9494**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)