

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000016371

1. Entity Name

LATINLOOK.COM INC.

FILED
May 04, 2000 8:00 am
Secretary of State

05-04-2000 90183 023 ***150.00

Principal Place of Business

C/O PERLMAN & ASSOCIATES, P.A.
799 BRICKELL PLAZA SUITE 900
MIAMI FL 33131

Mailing Address

C/O PERLMAN & ASSOCIATES, P.A.
799 BRICKELL PLAZA SUITE 900
MIAMI FL 33131-2805

2. Principal Place of Business

George D. Perlman, P.A.
Suite, Apt. #, etc. *Suite 3000*
701 Brickell Avenue

3. Mailing Address

George D. Perlman, P.A.
Suite, Apt. #, etc. *Suite 3000*
701 Brickell Ave.

City & State

Miami, Florida

City & State

Miami, Florida

Zip

33131

Country

U.S.A.

Zip

33131

Country

U.S.A.

4. FEI Number

65-0959293

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PERLMAN & ASSOCIATES, P.A.
799 BRICKELL PLAZA
SUITE 900
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name *George D. Perlman, P.A.*
Street Address (P.O. Box Number is Not Acceptable)
701 Brickell Avenue
Suite 3000
City *Miami* FL Zip Code *33131*

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]

George D. Perlman, President

4/5/00

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

TITLE	D	<input type="checkbox"/> Delete
NAME	BLOCH, MARLON	
STREET ADDRESS	C/O PERLMAN & ASSOCIATES, P.A.	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROTUNDO, ALEJANDRO	
STREET ADDRESS	C/O PERLMAN & ASSOCIATES, P.A.	
CITY-ST-ZIP	MIAMI FL 33131	
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		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BLOCH, MARLON	
STREET ADDRESS	C/O George D. Perlman, P.A.	
CITY-ST-ZIP	701 Brickell Ave., Suite 3000 MIAMI, FLORIDA 33131	
TITLE	D-VF-S-T	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROTUNDO, ALEJANDRO	
STREET ADDRESS	C/O George D. Perlman, P.A.	
CITY-ST-ZIP	701 Brickell Ave., Suite 3000 MIAMI, FLORIDA 33131	
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		
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:

[Signature]

MARLON BLOCH, President

4/26/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)