

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000028161

1. Entity Name

PROMOS LATINOAMERICA, INC.

Principal Place of Business

95 MERRICK WAY
SUITE 525
CORAL GABLES FL 33134

Mailing Address

95 MERRICK WAY
SUITE 525
CORAL GABLES FL 33134

2. Principal Place of Business

600 N HIATUS RD

3. Mailing Address

SAME AS # 2

Suite, Apt. #, etc.

STE 103

Suite, Apt. #, etc.

City & State

PEMBROKE PINES, FL

City & State

Zip

33026

Country

USA

Zip

Country

4. FEI Number

65-0908963

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SALGADO, JAVIER
95 MERRICK WAY
SUITE 525
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name

SALGADO, JAVIER

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

600 N HIATUS RD STE 103

City

PEMBROKE PINES

FL

Zip Code
33026

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 ☐ Delete
NAME SALGADO, JAVIER
STREET ADDRESS 95 MERRICK WAY, SUITE 525
CITY-ST-ZIP CORAL GABLES FL 33134

TITLE SD ☐ Delete
NAME BISIO, MARINA
STREET ADDRESS 95 MERRICK WAY, SUITE 525
CITY-ST-ZIP CORAL GABLES FL 33134

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Change ☐ Addition
NAME SALGADO, JAVIER
STREET ADDRESS 600 N HIATUS RD STE 103
CITY-ST-ZIP PEMBROKE PINES, FL 33026

TITLE SD ☐ Change ☐ Addition
NAME BISIO, MARINA
STREET ADDRESS 600 N HIATUS RD STE 103
CITY-ST-ZIP PEMBROKE PINES, FL 33026

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 of 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

MARINA BISIO

Date

3/10/01

Daytime Phone #

954 442 3333

FILED
Mar 19, 2001 8:00 am
Secretary of State

03-19-2001 90075 048 ***150.00

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DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)