2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000323554

1. Entity Name

LATCOM.NET INC.

FILED
00 SEP -8 AM 10:30
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business	Mailing Address
100 SOUTH BISCAYNE BLVD. SUITE 1111 MIAMI, FLORIDA 33131	100 SOUTH BISCAYNE BLVD. SUITE 1111 MIAMI, FLORIDA 33131

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. # etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 65-0909186 ☐ 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
JOHN S. FLETCHER 5300 FIRST UNION FINANCIAL CENTER 200 SOUTH BISCAYNE BOULEVARD MIAMI, FLORIDA 33131-2339	Name 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 _____ DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating)

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 4/A 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D MICHELENA, JUAN A. 800 HARBOR DRIVE KEY BISCAYNE, FLORIDA 33149 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MICHELENA, III, JUAN A. 350 PALMWOOD LANE KEY BISCAYNE, FLORIDA 33149 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 200003390502--5 -09/12700--01026--019 ****550.00 ****550.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RAMIREZ, SALVADOR H. 10212 NW 51st TERRACE MIAMI, FLORIDA 33178 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D REICH, OTTO J. 5353 LEE HIGHWAY ARLINGTON, VA 22207 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FARRELI, RODGER E. APARTADO 81236, PRADO DEL ESTE CARACAS, VENEZUELA ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D VANEGAS, LUIS A. 6830 SW 94th COURT MIAMI, FLORIDA 33173 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / 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: _____ LUIS A. VANEGAS 9/6/00 (305) 372-9490 KE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #