

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 25, 2001 8:00 am
Secretary of State

07-25-2001 90009 046 ***150.00

46474

DO NOT WRITE IN THIS SPACE

DOCUMENT # 799000032254	
1. Entity Name: Latcom.net INC. (LA)	
Principal Place of Business 100 S. Biscayne Blvd. #1111	Mailing Address 100 S. Biscayne Blvd. #1111
2. Principal Place of Business 100 S. Biscayne Blvd. Suite, Apt. #, etc. 1111	3. Mailing Address 100 S. Biscayne Blvd. Suite, Apt. #, etc. 1111
City & State Miami, FL.	City & State Miami, FL.
Zip 33131	Country U.S.
4. FEI Number <input type="checkbox"/> Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent John S. Fletcher Morgan, Lewis & Bockius LLP 5300 First Union Financial Center 200 South Biscayne Blvd. Miami, FL 33131-2339	
7. Name and Address of New Registered Agent 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 _____ (NOT: Registered Agent 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) <input checked="" type="checkbox"/>	10. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> \$5.00 May Be Added to Fees
11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP Director Juan R. Michelena 800 Harbor Dr. Key Biscayne, FL 33149	TITLE NAME STREET ADDRESS CITY-ST-ZIP Director Juan R. Michelena 350 Palmwood Lane Key Biscayne, FL 33149
TITLE NAME STREET ADDRESS CITY-ST-ZIP Director Robert E. Turrell Apartment 812 E. Roads Del Este Caracas, Venezuela	TITLE NAME STREET ADDRESS CITY-ST-ZIP Director Robert E. Turrell Apartment 812 E. Roads Del Este Caracas, Venezuela
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete
12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <input type="checkbox"/> Change <input type="checkbox"/> Addition To whom it may concern: We are so sorry at our account forgot to put a stamp on this report. Thank, admin.	
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 the 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 is 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: JUAN R MICHELENA III 5/2/01 305 372-4490	

CR2E034 (11/00)