

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P990000051909

1. Entity Name

LATIN AMERICA INVESTMENT BANKERS ADVISERS, INC.

**FILED**  
**Feb 24, 2000 8:00 am**  
**Secretary of State**

02-24-2000 90064 004 \*\*\*150.00

Principal Place of Business

Mailing Address

1920 EAST HALLANDALE BEACH BLVD.  
SUITE 637  
HALLANDALE FL 33009

1920 EAST HALLANDALE BEACH BLVD.  
SUITE 637  
HALLANDALE FL 33009-4733

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

BRAMS, DANIEL J  
1645 PALM BEACH LAKES BLVD STE 1050  
WEST PALM BEACH FL 33401

4. FEI Number

65-0931298

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

7. Name and Address of New Registered Agent

Name

GERMAN OSORIO

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

21205 Yacht Club Dr #3202

City

Aventura

FL

Zip Code

33180

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

*German Osorio*  
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

February 4th/2000

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	SDVT	<input type="checkbox"/> Delete
NAME	OSORIO, GERMAN	
STREET ADDRESS	AVENIDA 15 NO 101-09 OFS 401 Y 402	
CITY-ST-ZIP	BOGOTA D.C. COLOMBIA	
TITLE	P	<input type="checkbox"/> Delete
NAME	OSORIO, GERMAN	
STREET ADDRESS	AVENIDA 15 NO 101-09 OFS 401 Y 402	
CITY-ST-ZIP	BOGOTA D.C. COLOMBIA	
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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	21205 Yacht Club Dr. # 3202
CITY-ST-ZIP	Aventura, FL, 33180
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	21205 Yacht Club Dr # 3202
CITY-ST-ZIP	Aventura, FL, 33180
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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

February 4th/2000

Date

Daytime Phone #

CR2E034 (9/99)