

# 2000 UNIFORM BUSINESS REPORT (UBR)

0198191

DOCUMENT # P99000054044

1. Entity Name

EUROLATIN TRADE CORPORATION

FILED

00 AUG 11 PM 1:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

C/O LACASA & ASSOCIATES  
701 BRICKELL AVENUE SUITE 1800  
MIAMI FL 33131

C/O LACASA & ASSOCIATES  
701 BRICKELL AVENUE SUITE 1800  
MIAMI FL 33131-2832

2. Principal Place of Business

3. Mailing Address

40 ORLANDO CABRERA

Suite, Apt. #, etc.

Suite, Apt. #, etc.

701 BRICKELL AVE, #1900

City & State

City & State

MIAMI, FLORIDA

Zip

Country

Zip

33131

Country

4. FEI Number

65-0947467

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LACASA, CARLOS A ESQ  
701 BRICKELL AVENUE SUITE 1800  
MIAMI FL 33131

Name

ORLANDO JOSE CABRERA

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

701 BRICKELL AVENUE SUITE 1900

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DP  
NAME JORGE, FRANK  
STREET ADDRESS 2127 BRICKELL AVENUE APT. 2404  
CITY-ST-ZIP MIAMI FL 33129

☐ Delete

TITLE DS  
NAME LISMAN, CLAUDIO  
STREET ADDRESS 2800 BISCAYNE BLVD 11TH FLOOR  
CITY-ST-ZIP MIAMI FL 33137

☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE DV  
NAME VERD, JAIME  
STREET ADDRESS 1925 BRICKELL AVENUE APT. 1413D  
CITY-ST-ZIP MIAMI FL 33129

☐ Change ☒ Addition

TITLE DS  
NAME JORGE, FRANK SONNY  
STREET ADDRESS 2127 BRICKELL AVENUE APT. 2404  
CITY-ST-ZIP MIAMI FL 33129

☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-10-00

Date

Daytime Phone #

KE

CR2E034 19/99