

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000069837

1. Entity Name

LATINA TRADING, INC.

FILED
May 02, 2000 8:00 am
Secretary of State

05-02-2000 90025 017 ***150.00

Principal Place of Business

Mailing Address

19500 TURNBERRY WAY #11-D
 AVENTURA FL 33180

19500 TURNBERRY WAY #11-D
 AVENTURA FL 33180-2536

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

65-0948727

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

BODIN, GLORIA R
 2100 PONCE DE LEON BLVD STE 920
 CORAL GABLES FL 33134

Name

WILLIAM J. BLAKESBERG

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

C/O BLAKESBERG, SC. CPAS

951 SW 4TH AVE

City

BOCA RATON

FL

Zip Code

33432

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

William J. Blakesberg
 WILLIAM J. BLAKESBERG

(NOTE: Registered Agent signature required when reinstating)

4-20-00

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	PSD	<input type="checkbox"/> Delete
NAME	DRESZER, DEBORAH J	
STREET ADDRESS	19500 TURNBERRY WAY #11-D	
CITY-ST-ZIP	AVENTURA FL 33180	
TITLE	VTD	<input type="checkbox"/> Delete
NAME	DRESZER, ELIU	
STREET ADDRESS	19500 TURNBERRY WAY #11-D	
CITY-ST-ZIP	AVENTURA FL 33180	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
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	
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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 all other like empowered.

SIGNATURE:

Eliu Dreszer
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 ELIU DRESZER

Date

4-20-00

Daytime Phone #

305-931-3765

CR2E034 (9/99)