

2001 UNIFORM BUSINESS REPORT (UBR)

page 1 of 2

DOCUMENT # P99000083777

1. Entity Name

RINCON LATINO, INC.

Principal Place of Business

Mailing Address

6870 N.W. 169th St.
Miami, Fl. 33015

6870 N.W. 169th Street
Miami, Fl. 33015-4210

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0955693

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

LISTORIEL CARRALERO
6870 N.W. 169th Street
Miami, Fl. 33015

Name OSMAR BLANCO

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

6870 N.W. 169TH Street

City MIAMI

FL

Zip Code 33015

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)

☐

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 PD ☒ Delete
NAME Listoriel Carralero
STREET ADDRESS 6870 N.W. 169th Street
CITY-ST-ZIP Miami, Fl. 33015

TITLE PD ☒ Change ☐ Addition
NAME OSMAR BLANCO
STREET ADDRESS 6870 N.W. 169th Street
CITY-ST-ZIP Miami, Fl. 33015

TITLE SD ☒ Delete
NAME Milton Carralero
STREET ADDRESS 6870 N.W. 169th Street
CITY-ST-ZIP Miami, Fl. 33015

TITLE VPD ☒ Change ☐ Addition
NAME AURA C. BLANCO
STREET ADDRESS 6870 N.W. 169TH STREET
CITY-ST-ZIP Miami, Fl. 33015

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

FILE NO. (FORM 4)

CR2E034 (11/00)

Rincon Latino, Inc.
6870 N.W. 169th Street
Miami, Fl. 33015

June 28, 2001


Division of Corporations
Attn: Tyrone Scott
P.O. Box 6327
Tallahassee, Fl. 32399

RE: 2001 UNIFORM BUSINESS REPORT
RINCON LATINO INC.

Dear Mr. Scoot:

Please find enclosed a copy of the 2001 Uniform Business Report I sent on June 14, 2001, Original report was kept by your office. We did not receive any notices from your department prior to May 1, 2001, I had to download the form from your web site and send it to you along with a check for \$150.00 which has been cashed by your office. Please waive any late fees and penalties, any courtesies extended would be greatly appreciated and thank you in advance.

Very Truly Yours,


Osmar Blanco
President