

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000103869

1. Entity Name

LATINSOCA, INC.

P

FILED
Jul 21, 2000 8:00 am
Secretary of State

03-31-2000 90050 028 ***150.00

07-21-2000 90161 024 ***150.00

Principal Place of Business

NATIONSBANK TOWER, SUITE 3910
100 S.E. 2ND STREET
MIAMI FL 33131-2146

Mailing Address

NATIONSBANK TOWER, SUITE 3910
100 S.E. 2ND STREET
MIAMI FL 33131-2146

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

65-1014989

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

MARKS, EVAN R ESQ.
MARKS & WEST, P.A.
100 S.E. 2ND STREET, SUITE 2700
MIAMI FL 33131-2146

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

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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
NAME
STREET ADDRESS
CITY-ST-ZIP
PSD
KOVACS, SUZANNE
NATIONSBANK TOWER, SUITE 3910
MIAMI FL 33131-2146 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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
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CITY-ST-ZIP ☐ Change ☐ Addition

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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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR21 (04/19/00)

LORETTA FABRICANT C.P.A. P.A.



Attachment
P99000103869
00573653

July 10, 2000

Division of Corporations
Uniform Business Report Filings
PO Box 1500
Tallahassee, FL 32302-1500

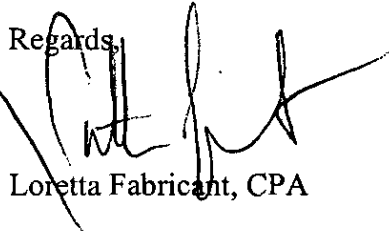
Re: Latinsoca, Inc.
Document # P99000103869

To Whom It May Concern:

Per my conversation with Mark, a Uniform Business Report operator, I am sending in the amount of \$150 along with my client's UBR. Our client's mailing address is our CPA firm; however, we never received the first notice. Please note that our client was incorporated at the end of 1999.

I hope that this resolves all moneys owed on this account. If you have any questions, please contact our office.

Regards,



Loretta Fabricant, CPA