

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S18762

1. Entity Name

LATIN AMERICAN ENTERPRISES, INC.

FILED
May 30, 2001 8:00 am
Secretary of State

05-30-2001 90025 022 ***558.75

0499698

Principal Place of Business

1080 N.W. 163RD DRIVE
MIAMI FL 33169-5818
US

Mailing Address

1080 N.W. 163RD DRIVE
MIAMI FL 33169-5818
US

A0071627



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

112

City & State

SUNRISE FL

Zip

33325

Country

USA

3. Mailing Address

Suite, Apt. #, etc.

112

City & State

SUNRISE FL

Zip

33325

Country

USA

4. FEI Number

65-0416747

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent

Name

PINO, JUAN J

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

440 SAWGRASS CORP PKWY #112

City

SUNRISE

FL

Zip Code

33325

PINO, JUAN J
1080 N.W. 163RD DR.
MIAMI FL 33169

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.

(NOT 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
After MAY 1, 2001
Fee IS \$150.00
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

NAME

STREET ADDRESS

CITY - ST - ZIP

PD
PINO, JUAN J.
1080 NW 163RD DRIVE
MIAMI FL

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

VTD
SILA, CARLOS
1080 NW 163RD DRIVE
MIAMI FL

☒ Delete

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

☐ Delete

TITLE

NAME

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

PINO, JUAN J
440 SAWGRASS CORP PKWY #112
SUNRISE FL 33325

☒ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

GIUSSANI, LUCA
440 SAWGRASS CORP PKWY #112
SUNRISE FL 33325

☐ Change ☒ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

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TITLE

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☐ 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 OFFICE OR DIRECTOR

5/21/01

(954) 846-7887

Date

Daytime Phone #

CR2E034 (10/00)