

T04000000689

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

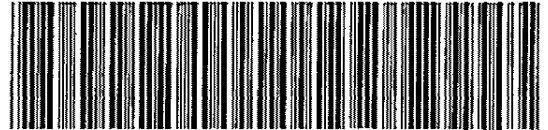
(Document Number)

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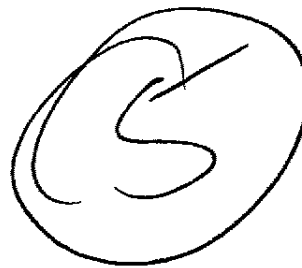
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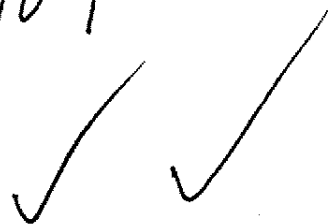
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~~W04-19548~~

~~104-689~~



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**FLORIDA DEPARTMENT OF STATE**

**Glenda E. Hood**  
Secretary of State

May 20, 2004

**MARIA DIAZ**  
**GBS CONSULTANTS**  
**1290 WESTON ROAD, SUITE 306**  
**WESTON, FL 33326**

**SUBJECT: ARCOASEO AND DESIGN OF OVAL WITH 3 STARS**  
**Ref. Number: W04000019548**

We have received your document for ARCOASEO AND DESIGN OF OVAL WITH 3 STARS and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

In Part I(2)(a) or (b) you must state the goods or services the mark is used in connection with. If the mark is a trademark, you must specify the specific goods or products. If the mark is a service mark, you must specify the exact services you are providing.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6918.

**Nanette Causseaux**  
Document Specialist Supervisor

Letter Number: 204A00035328

APPLICATION FOR THE REGISTRATION OF A TRADEMARK OR SERVICE MARK  
PURSUANT TO CHAPTER 495, FLORIDA STATUTES

TO: Division of Corporations  
Post Office Box 6327  
Tallahassee, FL 32314

Name & address to whom acknowledgment should be sent:

GBS CONSULTANTS / MARIA DIAZ

1290 WESTON RD SUITE 306

WESTON, FL 33326

(954) 659-8835

Daytime Telephone number

PART I

1. (a) Applicant's name: LATIN WORLD DISTRIBUTOR, INC.

(b) Applicant's business address: 9601 SW 142 AVE

MIAMI, FL 33186

City/State/Zip

(c) Applicant's telephone number: (305) 559-9158

☐ Individual

☒ Corporation

☐ Joint Venture

☐ Other: \_\_\_\_\_

☐ General Partnership

☐ Limited Partnership

☒ Union

If other than an individual,

(1) Florida registration number: P03000096306

(2) Domicile State: FLORIDA

(3) Federal Employer Identification Number: 61-1456240

2. (a) If the mark to be registered is a service mark, the services in connection with which the mark is used:  
(i.e., furniture moving services, diaper services, house painting services, etc.)

(b) If the mark to be registered is a trademark, the goods in connection with which the mark is used:  
(i.e., ladies sportswear, cat food, barbecue grills, shoe laces, etc.)

- cleaning goods as brooms, mops, brushes, dust cloths,  
gloves, wipes.

(c) The mode or manner in which the mark is used: (i.e., labels, decals, newspaper advertisements, brochures, etc.)

BAGS, LABELS, BROCHURES, CATALOGS, WRAP MATERIAL, NEWSPAPER  
ADVERTISEMENTS

(Continued)

(d) The class(es) in which goods or services fall:

CLASS 21 HOUSEWARES AND GLASS

**PART II**

1. Date first used by the applicant, predecessor, or a related company (must include month, day and year):

(a) Date first used anywhere: 08/01/1993 (b) Date first used in Florida: 09/01/2000

**PART III**

1. The mark to be registered is: (If logo/design is included, please give brief written description which must be 25 words or less.)

MARK TO BE REGISTERED: ARCOASEO

Write in yellow bold letters double bordered white & blue.

Presented with a blue bordered & white filled oval with 3 stars  
like cleaning effects.

English Translation \_\_\_\_\_

2. DISCLAIMER (if applicable)

NO CLAIM IS MADE TO THE EXCLUSIVE RIGHT TO USE THE TERM "

" APART FROM THE MARK AS SHOWN.

I, \_\_\_\_\_, being sworn, depose and say that I am the owner and the applicant herein, or that I am authorized to sign on behalf of the owner and applicant herein, and no other person except a related company has the right to use such mark in Florida either in the identical form or in such near resemblance as to be likely to deceive or confuse or to be mistaken therefor. I make this affidavit and verification on my/the applicant's behalf. I further acknowledge that I have read the application and know the contents thereof and that the facts stated herein are true and correct.

LATIN WORLD DISTRIBUTOR, INC

Typed or printed name of applicant

JUANA M. LOPEZ / DIRECTOR

Applicant's signature or authorized person's signature  
(List name and title)

STATE OF FLORIDA

COUNTY OF BROWARD

On this 10<sup>th</sup> day of May, 2004, Juana M. Lopez personally  
appeared before me.

☒ who is personally known to me ☐ whose identity I proved on the basis of \_\_\_\_\_

(Seal)



Jorge Fernandez  
My Commission DD187753  
Expires March 27 2007

Jorge Fernandez  
Notary Public Signature

JORGE FERNANDEZ  
Notary's Printed Name

My Commission Expires: 3/27/2007

FEE: \$87.50 per class

# ARCOASEO®

Artículos Colombianos  
para el aseo

## Trapero - Mops

Mediano - Medium

### Encabado

100% Algodón  
Cotton deck mop

Trabajo pesado - Heavy Duty