

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 90231 025 \*\*\*150.00

02/27/03 AV

**DOCUMENT # V59803**

1. Entity Name  
**LATIN AMERICAN INDEPENDENT NETWORK INTERNATIONAL, INC.**



Principal Place of Business  
**400 S. POINT DR.  
SUITE 1409  
MIAMI BEACH FL 33139**

Mailing Address  
**400 S. POINT DR.  
SUITE 1409  
MIAMI BEACH FL 33139**



2. Principal Place of Business

**1800 Sunset Harbour Dr**  
Suite, Apt. #, etc.  
**1701**

3. Mailing Address

**1800 SUNSET-HARBOR DR**  
Suite, Apt. #, etc.  
**1701**

☒ CHECK HERE IF MAKING CHANGES

City & State  
**Miami Beach FL**

City & State  
**Miami Beach FL**

4. FEI Number  
**65-0359642**

Applied For  
Not Applicable

Zip Country  
**33139 USA**

Zip Country  
**33139 USA**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**NERI, JULIO  
400 S. POINT DR.  
SUITE 1409  
MIAMI BEACH FL 33139**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> Delete
NAME	NERI, JULIO	
STREET ADDRESS	400 S. POINT DR., #1409	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	ST	<input type="checkbox"/> Delete
NAME	NERI, JULIO	
STREET ADDRESS	400 S. POINT DR., #1409	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	DV	<input type="checkbox"/> Delete
NAME	LADERA, MARIA CAROLINA	
STREET ADDRESS	4746 COLLINS AVE, DOCK 1	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	1800 SUNSET HARBOR DR SUITE 1701
CITY-ST-ZIP	MIAMI BEACH FL 33139
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	1800 SUNSET HARBOR DR SUITE 1701
CITY-ST-ZIP	MIAMI BEACH FL 33139
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	1800 SUNSET HARBOR DR SUITE 1701
CITY-ST-ZIP	MIAMI BEACH FL 33139
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	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 10 or Block 11 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

04-24-03 305 5327339  
Date Daytime Phone #

CR2E034 (10/02)