2002 UNIFORM BUSINESS R	EPORT (UBR)
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DOCUMENT # P0100079310 1. Entity Name LARACHE, INC.						Sec	30, 200 cretary 30-2002 90084	of S	Sta	te
Principal Place of Business 299 ALHAMBRA CIRCLE SUITE 203 CORAL GABLES FL 33134			Mailing Address 299 ALHAMBRA CIRCLE SUITE 203 CORAL GABLES FL 33134							
2. Principal Place of Business		3. Mailing Address			i 10021081 171 004	PI INDIA BONIN BUNIN BUNIN	88II I I 18818		FIBIT BUIL 1881	
Suite, Apt. #, etc.			Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
City & State			City & State			FEI Number	PLIED	FOR	, Ap	plied For t Applicable
Zip		Country	Zip	Country		Certificate of Statu		\$8.	75 Add	litional
	6. Name	and Address of Current F	Registered Agent			Name and Addres	ss of New Registe	red Ager	ıt	
PAZOS, CARLOS M 299 ALHAMBRA CIRCLE SUITE 203				Nam Stre		Box Number is No	t Acceptable)			
CORAL GABLES FL 33134			ļ							
				City				FL	Zip Code	э
8. The above		y submits this statement for or printed name of registered agent a	the purpose of changing its i	<u> </u>	e or registered a			ATE		
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 \$150.00 After May 1, 2002 Fee will be \$550.0 Make Check Payable to Department of \$100.00		\$550.00	1	ampaign Financing I Contribution.] 		May Be. to Fees	
11.		OFFICERS AND I		12.	A	DDITIONS/CHANG	SES TO OFFICERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		, ELIAS MBRA CIRCLE SUITE 20 ABLES FL 33134	□ Delete 03	NAME STREET ADDRE CITY-ST-ZIP	SS			Ц	Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		ARLOS M MBRA CIRCLE SUITE 2: ABLES FL 33134	□ Delete	TITLE NAME STREET ADDRE	SS				Change	Addition
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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 articlement with an address, with all other like empowered ARLO M. PAZO

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR