

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000107738

1. Entity Name
LAROC ENTERPRISES, INC.

FILED
Apr 05, 2000 8:00 am
Secretary of State

04-05-2000 90063 048 ***150.00

Principal Place of Business 782 NW 42ND AVENUE, SUITE 630 MIAMI FL 33126	Mailing Address 782 NW 42ND AVENUE, SUITE 630 MIAMI FL 33126
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 782 N.W. 42ND AVENUE	3. Mailing Address 782 N.W. 42ND AVENUE
Suite, Apt. #, etc. SUITE 430	Suite, Apt. #, etc. SUITE 430
City & State MIAMI, FL	City & State MIAMI, FL
Zip 33126-5549	Country USA

4. FEI Number 98-0152957	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MEMBIELA, JOAQUIN
782 NW 42ND AVENUE, SUITE 430
MIAMI FL 33126

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2000 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	P/D <input type="checkbox"/> Delete
NAME	AGOSTINHO DESOUSA MACEDO
STREET ADDRESS	782 N.W. 42ND AVENUE SUITE 430
CITY-ST-ZIP	MIAMI, FL 33126-5549
TITLE	V/T/D <input type="checkbox"/> Delete
NAME	AGOSTINHO A. MACEDO
STREET ADDRESS	782 N.W. 42ND AVENUE SUITE 430
CITY-ST-ZIP	MIAMI, FL 33126-5549
TITLE	V/D <input type="checkbox"/> Delete
NAME	OLGA E. MACEDO
STREET ADDRESS	782 N.W. 42ND AVENUE SUITE 430
CITY-ST-ZIP	MIAMI, FL 33126-5549
TITLE	V/D <input type="checkbox"/> Delete
NAME	SANDRA MACEDO
STREET ADDRESS	782 N.W. 42ND AVENUE SUITE 430
CITY-ST-ZIP	MIAMI, FL 33126-5549
TITLE	V/D <input type="checkbox"/> Delete
NAME	ADRIANA MACEDO
STREET ADDRESS	782 N.W. 42ND AVENUE SUITE 430
CITY-ST-ZIP	MIAMI, FL 33126-5549
TITLE	S <input type="checkbox"/> Delete
NAME	JOAQUIN MEMBIELA
STREET ADDRESS	782 N.W. 42ND AVENUE SUITE 430
CITY-ST-ZIP	MIAMI, FL 33126

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	
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	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: **AGOSTINHO DE SOUSA MACEDO** *[Signature]* **2/30/2000** (305) 446-4006
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)