2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachme

SIGNATURE:

Feb 26, 2000 8:00 am **DOCUMENT # 590591** 1. Entity Name Secretary of State LARCA, INC. 02-26-2000 90043 050 ***150.00 Mailing Address Principal Place of Business 630 N.W. 9TH CT. 2200 NW 2ND AVE BOCA RATON FL 33486-3493 BOCA RATON FL 33431 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For 59-1856788 Not Applicable Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6.-Name and Address of Current Registered Agent WINGER, R. LAWRENCE Street Address (P.O. Box Number is Not Acceptable) 630 N.W. 9TH CT. **BOCA RATON, FL HFL** Zip Code FL 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. (NOTE, Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 . 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. PD Change ☐ Addition TITLE ☐ Delete TITLE WINGER, R. LAWRENCE NAME NAME STREET ADDRESS 630 N.W. 9TH CT. STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP **BOCA RATON FL** ☐ Addition ☐ Delete TITLE Change TITLE WINGER, CAROL K. NAME NAME STREET ADDRESS STREET ADDRESS 630 N.W. 9TH CT. CITY-ST-ZIP CITY-ST-ZIP BOCA RATON FL ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ■ Addition TITLE NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITI E TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 receive of the corporation of the corporation or the receive of the corporation of the corporation or the receive of the corporation of the corporation or the receive of the corporation of the corporation of the corporation or the receive of the corporation of the corpo

all other like empowered