

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 684270

1. Entity Name
DURLAR, INC.

FILED
Apr 10, 2000 8:00 am
Secretary of State

04-10-2000 90103 046 ***150.00

Principal Place of Business

7350 NW 7 ST
SUITE 106
MIAMI FL 33126
US

Mailing Address

P.O. BOX 52-7801
MIAMI FL 33152-7801
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2029086

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LARCO, VICTOR M
7350 NW 7 ST
SUITE #106
MIAMI FL 33122
33126

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

33126

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)

DATE

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	SD	<input type="checkbox"/> Delete
NAME	ADRIANI, TERESA V	
STREET ADDRESS	9800 W BAY HARBOR DR #611	
CITY-ST-ZIP	BAY HARBOR FL 33154	
TITLE	PD	<input type="checkbox"/> Delete
NAME	LARCO, VICTOR M	
STREET ADDRESS	1450 SOUTH BAYSHORE DRIVE, APT. 1104	
CITY-ST-ZIP	MIAMI FL 33130 33131	
TITLE	D	<input type="checkbox"/> Delete
NAME	DURAND, PAUL M	
STREET ADDRESS	YEROVI 177	
CITY-ST-ZIP	LIMA 27 00000 PERU	
TITLE	D	<input type="checkbox"/> Delete
NAME	RAMIREZ, VICTOR	
STREET ADDRESS	AVENIDA 11 CALLE 20, APTO. POSTAL 377-1007	
CITY-ST-ZIP	SAN JOSE 60 COSTA RICA	
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"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

305-267-0090

CR2E034 (9/99)