

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2003 8:00 am
Secretary of State

01-24-2003 90072 042 ***150.00

DOCUMENT # F00000001907

1. Entity Name
LARGO INTERNATIONAL CORPORATION



Principal Place of Business
**1273 CHENILLE COURT
WESTON FL 33327**

Mailing Address
**1273 CHENILLE COURT
WESTON FL 33327**



2. Principal Place of Business
5877 NW 125th Terr.
Suite, Apt. #, etc.

3. Mailing Address
5877 NW 125th Terrace
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
Coral Springs
Zip
33076
Country
USA

City & State
Coral Springs
Zip
33076
Country
USA

4. FEI Number
13-3938356

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**GOLDSTEIN, HELENA M
1273 CHENILLE CIRCLE
WESTON FL 33327**

7. Name and Address of New Registered Agent

Name
HELENA M GOLDSTEIN
Street Address (P.O. Box Number is Not Acceptable)
5877 NW 125th Terrace
Coral Springs
City
Coral Springs FL Zip Code
33076

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 **X HELENA M GOLDSTEIN P**
Signature, typed or printed name of registered agent and title if applicable.

[Signature]
(NOTE: Registered Agent signature required when reinstating)

1/21/03
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 NAME STREET ADDRESS CITY-ST-ZIP	VP GOLDSTEIN, LARRY 1273 CHENILLE CIRCLE WESTON FL 33327	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GOLDSTEIN, HELENA 1273 CHENILLE CIRCLE WESTON FL 33327	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LARRY GOLDSTEIN 5877 NW 125th Terr. Coral Springs FL 33076	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HELENA GOLDSTEIN 5877 NW 125th Terr. Coral Springs FL 33076	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 of 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: **LARRY GOLDSTEIN** **1/21/03** **954-341-7225**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)