

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000002606

1. Entity Name

LAR HOLDING, LTD., INC.

FILED

Feb 16, 2000 8:00 am
Secretary of State

02-16-2000 90044 036 ***150.00

Principal Place of Business
300 SEVILLA AVE., SUITE 301
CORAL GABLES FL 33134

Mailing Address
300 SEVILLA AVE., SUITE 301
CORAL GABLES FL 33134-6624

2. Principal Place of Business
2151 S. LeJeune Road

3. Mailing Address
2151 S. LeJeune Road

Suite, Apt. #, etc.
#202

City & State
Coral Gables, Fl. 33134

Zip
33134

Country
USA

Suite, Apt. #, etc.
#202

City & State
Coral Gables, Fl.

Zip
33134

Country
USA



DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE

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

CASTRO, JOSE L
300 SEVILLA AVE., SUITE 301
CORAL GABLES FL 33134

Name
Castro, Jose L.

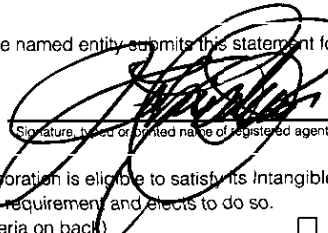
Street Address (P.O. Box Number is Not Acceptable)
2151 S. LeJeune Road

Suite #202

City
Coral Gables, FL

Zip Code
33134 - 4200

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  01/31/00

(NOTE: Registered Agent signature required when reinstating)


9. This corporation is eligible to satisfy its Intangible Tax filing requirements 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	VS	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CASTRO, JOSE LUIS		NAME	V Luis Alvarez Renta	
STREET ADDRESS	300 SEVILLA AVE., STE. 301		STREET ADDRESS	2151 S. LeJeune Road	
CITY-ST-ZIP	CORAL GABLES FL 33134		CITY-ST-ZIP	Coral Gables, Fl. 33134-4200	
TITLE		<input type="checkbox"/> Delete	TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Zaida Rodriguez A.	
STREET ADDRESS			STREET ADDRESS	2151 S. Lejeune Rd. #202	
CITY-ST-ZIP			CITY-ST-ZIP	Coral Gables, Fl. 33134-4200	
TITLE		<input type="checkbox"/> Delete	TITLE	P/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Luis A. Rivera	
STREET ADDRESS			STREET ADDRESS	2151 S. LeJeune Road #202	
CITY-ST-ZIP			CITY-ST-ZIP	Coral Gables, Fl. 33134-4200	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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:  Luis A. Rivera, President 01/31/00 305-448-1168

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

1168

CR2E034 (9/99)