

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000002606

1. Entity Name

LAR HOLDING, LTD., INC.

Principal Place of Business

2151 S. LEJEUNE ROAD
STE. 202
CORAL GABLES, FL 33134-4200

Mailing Address

2151 S. LEJEUNE ROAD
STE. 202
CORAL GABLES, FL 33134-4200

2. Principal Place of Business

701 BRICKELL AVENUE

Suite, Apt. #, etc.
Suite 3000

3. Mailing Address

701 BRICKELL AVENUE

Suite, Apt. #, etc.
Suite 3000

City & State Miami, Florida

City & State Miami, Florida

Zip
33131

Country
USA

Zip
33131

Country
USA

4. FEI Number

NOT APPLICABLE

Applied For

X Not Applicable

5. Certificate of Status Desired ☒ X

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

Castro, Jose L.
2151 S. Lejeune Road
Ste 202
Coral Gables, FL 33134

7. Name and Address of New Registered Agent

Name

Intrastate Registered Agent Corporation

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

701 Brickell Avenue

Suite 3000

City

Miami

FL

Zip Code
33131

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

BY:

Signature, typed or printed name of the Registered Agent and the Agent (NOTE: Registered Agent signature required when reinstalling)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so. ☐

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 V
NAME RENTA, LUIS ALVAREZ ☐ Delete
STREET ADDRESS 701 Brickell Avenue, Suite 3000
CITY-ST-ZIP Miami, FL 33131

TITLE S
NAME RODRIGUEZ, ZAIDA A. ☐ Delete
STREET ADDRESS 701 Brickell Avenue, Suite 3000
CITY-ST-ZIP Miami, FL 33131

TITLE PD
NAME ~~RENTA~~ LUIS ALVAREZ JR. ☐ Delete
STREET ADDRESS 701 Brickell Avenue, Suite 3000
CITY-ST-ZIP Miami, FL 33131

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
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TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
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)(l), 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 as an attachment with and address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Mar 14, 2001 8:00 am
Secretary of State

03-14-2001 90010 009 ***158.75

A0032693

DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)