## **2002 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # G74538  1. Entity Name  LARA, INC.				Secretary of State 01-28-2002 90028 028 ***150.00		
Principal Place of Business 200 S. BISCAYNE BLVD STE 2410 MIAMI FL 33131		Mailing Address 200 S. BISCAYNE BLVD STE 2410 MIAMI FL 33131				
2. Principal P	Place of Business	3. Mailing Address			- I 1607117 DOLY IORN DITTO BHIRE HITOF HOLD BURK DHAN DIDAY DIGAY DIGAY SURVI II	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE	
City & State		City & State			4. FEI Number 59-2347140 Applied For Not Applied be	
Zip	Country	Zip	Country		5 Certificate of Status Desired Status Resired \$8.75 Additional	
•	6. Name and Address of Current Re	gistered Agent	<u> </u>		7. Name and Address of New Registered Agent	
		<u> </u>		Name		
BISBING, MARK 200 S. BISCAYNE BLVD., STE 2410				Street Address (P.O. Box Number is Not Acceptable)		
MIAMI FL						
·_f				City FL Zip Code		
P. The above	a named entity submits this statement for the	ne nurnose of changing its	registered	office or registe	ered agent, or both, in the State of Florida.	
Tax filing	Signature, typed or printed name of registered agent and praction is eligible to satisfy its Intangible requirement and elects to do so. ria on back)	FILE NOW! After May 1, 20 Make Check Payat	!! FEE IS 02 Fee wi ole to Dep	II be \$550.00	10. Election Campaign Financing \$5.00 May 8 Trust Fund Contribution. Added to Fees	
11.	OFFICERS AND DI		12.	<u> </u>	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD BISBING, MARK 200 S. BISCAYNE BLVD., STE 241 MIAMI FL:33131	☐ Delete	TITLE NAME STREET	ADDRESS - ZIP	☐ Change ☐ Addi	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SCHULTE, JOHN H 200 S. BISCAYNE BLVD., STE 241 MIAMI FL 33131	□ Delete	TITLE NAME STREET	ADDRESS	☐ Change ☐ Addi	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	WAR AND TE GOSTO	☐ Delete	TITLE NAME STREET	ADDRESS - ZIP	☐ Change ☐ Addi	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET	ADDRESS ZIP	☐ Change ☐ Addi	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	·	☐ Delete	TITLE NAME STREET, CITY-ST	ADDRESS ZIP	☐ Change ☐ Addi	
TITLE Name Street address City-St-Zip		□ Delete	TITLE NAME STREET	ADDRESS -ZIP	☐ Change ☐ Addi	
of the cor	certify that the information supplied with the on this report or supplemental report is treporation or the receiver or trustee empower, or on an attachment with an address, with	ered to execute this report	as required	otion stated in Se e shall have the d by Chapter 60	Section 119.07(3)(i), Florida Statutes. I further certify that the information e same legal effect as if made under oath; that I am an officer or directe 07, Florida Statutes; and that my name appears in Block 11 or Block 12	

**SIGNATURE:** 

VYCOUSTURE MARKIBISBING
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR