

2003 **FOR PROFIT CORPORATION**
UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 21, 2003 8:00 am
Secretary of State

03-21-2003 90098 017 ***150.00

DOCUMENT # J21110

1. Entity Name

LARIC INC.



DO NOT WRITE IN THIS SPACE

10042984

2. Principal Place of Business

10676 S.W. 186TH ST

3. Mailing Address

9600 N.W. 25TH STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.
SUITE 6-A

DO NOT WRITE IN THIS SPACE

City & State

MIAMI, FLORIDA 33157

City & State

MIAMI, FL 33172-1416

4. FEI Number

59-2688497

Applied For

Not Applicable

Zip

33157

Country

MIAMI-DADE

Zip

33172-1416

Country

MIAMI-DADE

5. Certificate of Status Desired

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

MARIN, ISABEL C

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

9600 N.W. 25TH STREET ST 6-A

City

MIAMI, FLA

FL

Zip Code

33172-1416

DO NOT WRITE IN THIS SPACE

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
P
MARIN, ISABEL C.
9600 N.W. 25TH STREET STE 6-A
MIAMI, FLORIDA 33172-1416

TITLE
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CITY-ST-ZIP

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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 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 03-17-03 Daytime Phone #

305-477-2939

CR2E034B (12/02)