

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J83906

1. Entity Name

LARRO CORP.

FILED

May 19, 2000 8:00 am
Secretary of State

05-19-2000 90057 043 ***150.00

Principal Place of Business

Mailing Address

5836 SW 89 LANE
COOPER CITY FL 33328
US

5836 SW 89 LANE
COOPER CITY FL 33027-4463
US

2. Principal Place of Business

16210 SW 21 Street

3. Mailing Address

16210 SW 21 St

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Miramar, FL

City & State

Miramar, FL

4. FEI Number

59-2829163

Applied For

Not Applicable

Zip

Country

Broward

Zip

Country

Broward

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

MULLEN, LARRY
5836 S.W. 89 LANE
COOPER CITY FL 33328

Name

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement 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 P ☐ Delete
NAME MULLEN, LAWRENCE
STREET ADDRESS 5836 SW 89 LANE
CITY-ST-ZIP COOPER CITY FL 33328

TITLE P ☒ Change ☐ Addition
NAME Mullen, Lawrence
STREET ADDRESS 16210 SW 21 St
CITY-ST-ZIP Miramar, FL 33027

TITLE S ☐ Delete
NAME MULLEN, ROBYN
STREET ADDRESS 5836 SW 89 LANE
CITY-ST-ZIP COOPER CITY FL 33328

TITLE S ☒ Change ☐ Addition
NAME Mullen, Robyn
STREET ADDRESS 16210 SW 21 St
CITY-ST-ZIP Miramar, FL 33027

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
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)(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: *Larry Mullen*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/00

Date

Daytime Phone #

CR2E034 (9/99)