2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J83906 1. Entity Name

LARRO CORP.

Principal Place of Business

Mailing Address

5836 SW 89 LANE COOPER CITY FL 33328

City & State

5836 SW 89 LANE COOPER CITY FL 33027-4463

2. Principal Place of Business

16210 SW 21

3. Mailing Address

City & State

16210 SW 21

FILED May 19, 2000 8:00 am Secretary of State

05-19-2000 90057 043 ***150.00



50-2820163

4. FEI Number

Applied For

Second S	Mirama	<u> </u>	Miramar, Fl		Not Applicable	
### MULLEN, LARRY ### Says S.W. 89 LANE COOPER CITY FL 33328 ### Cooper City FL 3328 ### Cooper City FL 3328 ### City FL Zip Code		l ' (Zip			
MULLEN, LARRY 5838 S.W. 89 LANE COOPER CITY FL 33328 City FL Zip Code City FL Zip	22071			Dipmara		
MULLEN, LARRY \$338 S.W. 89 LANE COOPER CITY FL 33328 City City FL Zip Code City City FL Zip Code City City City FL Zip Code City Ci		6. Name and Address of Current P	registered Agent	7. Name and Address of New Registered Agent		
SASS SW. 89 LANE COOPER CITY FL 33328 City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered effice or registered agent, or both, in the State of Florida. SIGNATURE 9. This corporation is eligible to satisfy its Intangible Tax filling requirement and elects to do so (See criteria on back) 11. OFFICERS AND DIRECTORS Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITE NAME STREET ADDITISS CITY-ST-2P MULLEN, LAWRENCE S88 SW 89 LANE COOPER CITY FL 33328 CITY-ST-2P MULLEN, LAWRENCE S88 SW 89 LANE COOPER CITY FL 33328 CITY-ST-2P Delete MAKE STREET ADDRESS CITY-ST-2P MULLEN, ROBYN SRIFE ADDRESS CITY-ST-2P TITE NAME STREET ADDRESS CITY-ST-2P Delete MILE NAME STREET ADDRESS CITY-ST-2P Delete MILE NAME STREET ADDRESS CITY-ST-2P TITE NAME STREET ADDRESS CITY-ST-2P Delete MILE NAME STREET ADDRESS CITY-ST-2P TITE NAME STREET ADDRESS CITY-ST-2P Delete STREET ADDRESS CITY-ST-2P CITY-ST-2P CITY-ST-2P CITY-ST-2P CITY-ST-2P ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITE NAME STREET ADDRESS CITY-ST-2P TITE NAME STREET ADDRESS CITY-ST-2P						
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Tax filing requirement and elects to do so	Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE					
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13. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3Xi). Florida Statutes. I further certify that the information	CITY-ST-ZIP			CITY-\$1-ZIP		
	13. I hereby o	certify that the information supplied with	this filing does not qualify for t	he exemption stat	ed in Section 119.07(3)(i), Florida Statutes. I further certify that the information	

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.

Daytime Phone #