

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J83906

1. Entity Name

LARRO CORP.

FILED
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90361 023 ***150.00

Principal Place of Business

16210 SW 21 ST
HOLLYWOOD FL 33027
US

Mailing Address

16210 SW 21 ST
HOLLYWOOD FL 33027
US

2. Principal Place of Business

16210 SW 21 St

Suite, Apt. #, etc.

3. Mailing Address

16210 SW 21 St

Suite, Apt. #, etc.

City & State

Miramar, FL

Zip

33027

Country

US

Broward

City & State

Miramar, FL

Zip

33027

Country

Brow US

4. FEI Number

59-2829163

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

Larry Mullen

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

16210 SW 21 St

City

Miramar

FL

Zip Code

33027

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, 2001 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	P	<input type="checkbox"/> Delete
NAME	MULLEN, LAWRENCE	
STREET ADDRESS	16210 SW 21ST	
CITY-ST-ZIP	HOLLYWOOD FL 33027	
TITLE	S	<input type="checkbox"/> Delete
NAME	MULLEN, ROLOYN	
STREET ADDRESS	16210 SW 21ST	
CITY-ST-ZIP	HOLLYWOOD FL 33027	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Mullen, Lawrence	
STREET ADDRESS	16210 SW 21 St	
CITY-ST-ZIP	Miramar, FL 33027	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Mullen, Robyn	
STREET ADDRESS	16210 SW 21 St	
CITY-ST-ZIP	Miramar, FL 33027	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/01

Date

954-431-1600

Daytime Phone #

CR2E034 (10/00)