

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90243 001 ***150.00

DOCUMENT # J83906

1. Entity Name
LARRO CORP.

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

3. Mailing Address

16210 SW 21 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Miramar, FL

City & State

City & State

33027

Zip

Country

Zip

Country

Broward

4. FEI Number

59-2829163

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**MULLEN, LARRY
 16210 SW 21 ST.
 MIRAMAR FL 33027**

7. Name and Address of New Registered Agent

Name **Robyn Mullen**
 Street Address (P.O. Box Number is Not Acceptable)
16210 SW 21 Street
 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 **Robyn Mullen**

4/20/02

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, 2002 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** ☒ Delete
 NAME **MULLEN, LAWRENCE**
 STREET ADDRESS **16210 SW 21 ST.**
 CITY-ST-ZIP **MIRAMAR FL 33027**

TITLE **S** ☒ Delete
 NAME **MULLEN, ROLOYN**
 STREET ADDRESS **16210 SW 21ST**
 CITY-ST-ZIP **MIRAMAR FL 33027**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE **Secretary** ☒ Change ☐ Addition
 NAME **Sharon Spring**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **Treasurer** ☐ Change ☒ Addition
 NAME **Heather Mullen**
 STREET ADDRESS **16210 SW 21 ST**
 CITY-ST-ZIP **Miramar, FL 33027**

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

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

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: **Robyn Mullen**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/20/02

Daytime Phone #

954-443-8116

CR2E034 (9/01)