

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **K90157**

1. Entity Name

**PAUL W. LARSEN, INC.**

**FILED**  
**Feb 02, 2001 8:00 am**  
**Secretary of State**

02-02-2001 90259 039 \*\*\*150.00

Principal Place of Business <b>FIRST UNION FINANCIAL CENTER STE 2940 MIAMI FL 33131 US</b>	Mailing Address <b>FIRST UNION FINANCIAL CENTER STE 2940 MIAMI FL 33131 US</b>
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2. Principal Place of Business <b>Ste 604, Dupont Plaza Ctr</b> Suite, Apt. #, etc. <b>300 Biscayne Blvd. Way</b> City & State <b>Miami FL</b> Zip <b>33131</b> Country <b>Miami-Dade</b>	3. Mailing Address <b>Ste 604, Dupont Plaza Ctr</b> Suite, Apt. #, etc. <b>300 Biscayne Blvd. Way</b> City & State <b>Miami FL</b> Zip <b>33131</b> Country <b>Miami-Dade</b>
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DO NOT WRITE IN THIS SPACE

4. FEI Number <b>65-0128528</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent <b>LARSEN, PAUL W. FIRST UNION FINANCIAL CENTER STE 2940 MIAMI FL 33131</b>	7. Name and Address of New Registered Agent Name <b>Larsen, Paul W</b> Street Address (P.O. Box Number is Not Acceptable) <b>Ste 604, Dupont Plaza Ctr</b> <b>300 Biscayne Blvd. Way</b> City <b>Miami</b> State <b>FL</b> Zip Code <b>33131</b>
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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 *Paul W. Larsen* **PAUL W. LARSEN** DATE **1/25/01**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2001 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P LARSEN, PAUL W. 2779 SW 22ND AVE MIAMI FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Paul W. Larsen* **PAUL W. LARSEN** DATE **1/25/01** DAYTIME PHONE # **305-358-0361**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)