

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 21, 2003 8:00 am**  
**Secretary of State**

08-21-2003 90106 023 \*\*\*150.00

0073872 AN

<b>DOCUMENT #</b>	<b>L45457</b>
1. Entity Name <b>LARJEN, INC.</b>	



Principal Place of Business <b>8443 W. MCNAB RD FORT LAUDERDALE FL 33321</b>	Mailing Address <b>8443 W. MCNAB RD FORT LAUDERDALE FL 33321</b>
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2. Principal Place of Business <b>316 NW 110 TERR</b>	3. Mailing Address <b>316 NW 110 TERR</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State <b>CORAL SPRINGS, FL</b>	City & State <b>CORAL SPRINGS, FL</b>
Zip <b>33071</b>	Country <b>USA</b>

4. FEI Number <b>65-0231171</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent	
<b>HALPERN, HELENE F. 316 NW 110TH TER CORAL SPRINGS FL 33071</b>	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	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. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE <i>Helene Halpern</i>	DATE <b>8/17/03</b>

**FILE NOW!!! FEE IS \$550.00**  
**After September 10, 2003 Fee will be \$750.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> Delete
NAME	<b>D HALPERN, HELENE F.</b>
STREET ADDRESS	<b>316 NW 110TH TER</b>
CITY-ST-ZIP	<b>CORAL SPRINGS FL</b>
TITLE	<input type="checkbox"/> Delete
NAME	<b>D HALPERN, EDWARD</b>
STREET ADDRESS	<b>316 NW 110TH TER</b>
CITY-ST-ZIP	<b>CORAL SPRINGS FL</b>
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	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIG ATURE: *Helene Halpern*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**8/17/03**  
Date

Daytime Phone #

CR2E034 (4/03)

Attachment

80139427  
L45457

LARJEN, INC.  
316 NW 110<sup>TH</sup> TERRACE  
CORAL SPRINGS, FL 33071

August 6, 2003

Re: Largen, Inc.  
Document # L45457

To Whom It May Concern,

Please accept this check for \$150.00 as payment of the UBR filing fee. I never received the original document due to the fact that we moved and have a new mailing address. I have made the necessary changes on the form. I would appreciate if the late fee of \$400.00 could be waived.

Thank you for your time and consideration in this matter.

Helene F. Halpern  
Larjen, Inc.