# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**May 21, 2001 8:00 am**
**Secretary of State**
05-21-2001 90351 021 ***150.00

DOCUMENT # P00000026362

Principal Place of Business / Mailing Address

LARGO INC - SOUTH EAST

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 4340 N.W 19th AVE
Suite, Apt. #, etc.: BAY 8-G
City & State: POMPANO BEACH FL
Zip: 33064 Country:

3. Mailing Address
Suite, Apt. #, etc.:
City & State:
Zip: Country:

4. FEI Number: 65 0976643 ☐ Applied ☐ Not Appl

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JOHN PATA
1980 N W 34th AVE
COCONUT CREEK FL 33066

7. Name and Address of New Registered Agent

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

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

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 $500.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 Ma Added to Fe

11. OFFICERS AND DIRECTORS

| | | |
|---|---|---|
| TITLE / NAME / STREET ADDR / CITY-ST-ZIP | PRES. JOHN PATA 1980 N.W 34th AVE CO CONUT CREEK FL 33066- | ☐ Delete |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete |
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (E.

| | | |
|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | 3038 | ☐ Change ☐ |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ |

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 changed, or on an attachment with an asterisk, with all other like empowered.

SIGNATURE: Joe Pata JOHN PATA 4/30/01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

Duplicate Mailer #