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**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 23, 2002 8:00 am**  
**Secretary of State**

02-10-2002 90037 036 \*\*\*150.00

**DOCUMENT # P01000001315**

1. Entity Name

**LARRY'S DELIGHTS, INC.**

Principal Place of Business

**9737 VINEYARD COURT**  
**BOCA RATON FL 33428**

Mailing Address

**9737 VINEYARD COURT**  
**BOCA RATON FL 33428**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**65-1070975**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**ROSENTHAL, ROSLYN**  
**9737 VINEYARD COURT**  
**BOCA RATON FL 33428**

7. Name and Address of New Registered Agent

Name **Rosenthal, Lawrence**

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

**9737 Vineyard Court**City **Boca Raton****FL**Zip Code **33428**

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, 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 **President** ☐ Delete
**Larry Rosenthal**  
**9737 Vineyard Ct**  
**Boca Raton, FL 33428**
NAME ☐ Delete

STREET ADDRESS

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

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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: **Lawrence Rosenthal**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

**1-20-02**  
**954-897-8180**  
**Cell 954-600-2421**

CR2E034 (9/01)