

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 04, 2002 8:00 am
Secretary of State

03-04-2002 90010 024 ***150.00

DOCUMENT # P01000053852

1. Entity Name
LARMIS, INC.

Principal Place of Business 1005 MANGO ISLE FORT LAUDERDALE FL 33315	Mailing Address 1005 MANGO ISLE FORT LAUDERDALE FL 33315
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 65-1113572		Applied For <input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
City & State		City & State		6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
Zip	Country	Zip	Country	Name: WORLDWIDE CORPORATE SERVICES, INC Street Address (P.O. Box Number is Not Acceptable): 2780 EAST OAKLAND PARK BLVD City: FORT LAUDERDALE FL Zip Code: 33306			

6. Name and Address of Current Registered Agent
WORLDWIDE CORPORATE SERVICES, INC.
ONE FINANCIAL PLAZA, SUITE 2626
FORT LAUDERDALE FL 33394

7. Name and Address of New Registered Agent
 Name: **WORLDWIDE CORPORATE SERVICES, INC**
 Street Address (P.O. Box Number is Not Acceptable): **2780 EAST OAKLAND PARK BLVD**
 City: **FORT LAUDERDALE** FL Zip Code: **33306**

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.
WORLDWIDE CORPORATE SERVICES, INC
 SIGNATURE: *[Signature]* **STEPHEN F. GOLDENBERG** DATE: **2/19/02**
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.
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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" 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 checked="" type="checkbox"/> Addition
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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: *[Signature]* DATE: **2/1/02** (954) 764-6237
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CP2E034 (9/01)