

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90148 006 ***158.75

DOCUMENT # P02000087427

1. Entity Name
LARCAN CORPORATION



Principal Place of Business
2301 SW 129 AVENUE
MIRAMAR FL 33027

Mailing Address
2301 SW 129 AVENUE
MIRAMAR FL 33027

2. Principal Place of Business
13426 SW 30TH ST.

3. Mailing Address
13426 SW 30TH ST.

Suite, Apt. #, etc.
MIRAMAR, FL

Suite, Apt. #, etc.
MIRAMAR, FL

City & State

City & State

Zip
33027

Country

Zip
33027

Country



ADDRESS CHANGE ONLY

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number
EIN 35-2178679

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

IMELDA, LARDIZABAL
2301 SW 129 AVENUE
MIRAMAR FL 33027

7. Name and Address of New Registered Agent

Name **(ADDRESS CHANGE ONLY)**
Street Address (P.O. Box Number is Not Acceptable)
13426 SW 30TH ST.
City **MIRAMAR** **FL** **Zip Code** **33027**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ **Delete**
NAME **LARDIZABAL, IMELDA**
STREET ADDRESS **2301 SW 129 AVENUE**
CITY-ST-ZIP **MIRAMAR FL 33027**

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

(ADDRESS CHANGE ONLY) ☒ **Change** ☐ **Addition**
NAME
STREET ADDRESS **13426 SW 30TH ST.**
CITY-ST-ZIP **MIRAMAR FL 33027**

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Change** ☐ **Addition**
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TITLE ☐ **Change** ☐ **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.

SIGNATURE: **IMELDA LARDIZABAL**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APRIL 20, 2003 **(954) 499-8655**
Date **Daytime Phone #**

CR2E034 (10/02)