

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P93000063122**

1. Entity Name

Larece Department Store Corp.

FILED

Apr 17, 2001 8:00 am
Secretary of State

04-17-2001 90108 040 ***150.00

Principal Place of Business

Mailing Address

2719 S. Rio Grande Ave 5468 Woodcrest Dr. W.
Orlando, FL 32805 Winter Park, FL 32792

2. Principal Place of Business

3. Mailing Address

2719 S. Rio Grande Ave 5468 Woodcrest Dr. W.
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Orlando FL

City & State

Winter Park, FL

4. FEI Number

59-3213322

Applied For

Not Applicable

Zip

32805

Country

Orange

Zip

32792

Country

Seminole

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Marcel Larece
Josline Larece
5468 Woodcrest Dr. W.
Winter Park, FL 32792

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

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, 2001 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 **President** ☐ Delete
NAME **Marcel Larece**
STREET ADDRESS **5468 Woodcrest Dr. W.**
CITY-ST-ZIP **Winter Park, FL 32792**

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

TITLE **Secretary** ☐ Delete
NAME **Josline Larece**
STREET ADDRESS **5468 Woodcrest Dr. W.**
CITY-ST-ZIP **Winter Park, FL 32792**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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: **Jarece Larece**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-05-01 **407-872-1118**
Date Daytime Phone #

CR2E034 (1/1/00)