

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 16, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # P94000089613**1. Entity Name  
LARISE ATLANTIS, INC.

Principal Place of Business 2200 WEST COMMERCIAL BOULEVARD SUITE 201-A FORT LAUDERDALE FL 33309	Mailing Address 2200 WEST COMMERCIAL BOULEVARD SUITE 201-A FORT LAUDERDALE FL 33309
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2. Principal Place of Business 3107 STIRLING ROAD	3. Mailing Address 3107 STIRLING ROAD
Suite, Apt. #, etc. SUITE 104	Suite, Apt. #, etc. SUITE 104

City & State FORT LAUDERDALE FL	City & State FORT LAUDERDALE FL
Zip 33312	Country

4. FEI Number <b>65-0538354</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**FRIED MARK  
2200 WEST COMMERCIAL BOULEVARD  
SUITE 201-A  
FORT LAUDERDALE FL 33309**7. Name and Address of New Registered Agent**Name  
FRIED MARK  
Street Address (P.O. Box Number is Not Acceptable)  
3107 STIRLING ROAD  
SUITE 104  
City  
FORT LAUDERDALE FL Zip Code  
33312

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 **MARK FRIED****04/16/2001**

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**

TITLE	DP	<input type="checkbox"/> Delete
NAME	FRIED MARK	
STREET ADDRESS	4215 ALTON ROAD	
CITY-ST-ZIP	MIAMI BEACH FL 33140	

TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRIED MARK	
STREET ADDRESS	21025 NE 38TH AVENUE	
CITY-ST-ZIP	AVENTURA FL 33180	

TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: MARK FRIED****PRES 04/16/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)