2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 25, 2000 8:00 am
Secretary of State
01-25-2000 90060 030 ***150.00

DOCUMENT # P96000053593

1. Entity Name

LARMAX PRODUCTIONS, INC.

D0068771

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
901 HILLCREST DRIVE #602 HOLLYWOOD FL 33021 US	901 HILLCREST DRIVE #602 HOLLYWOOD FL 33025-3476 US

2. Principal Place of Business	3. Mailing Address
11801 SW 7TH ST	11801 SW 7TH Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Pem Broke Pines FL	City & State: Pem Broke Pines FL
Zip: 33025 Country: USA	Zip: 33025 Country: USA

4. FEI Number 65-0676687 ☐ Applied For ☐ Not Applicable

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
AMERILAWYER CHARTERED 343 ALMERIA AVENUE CORAL GABLES FL 33134	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 _____ DATE
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. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2000 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	PD FRIEDMAN, LARRY R 901 HILLCREST DR #602 HOLLYWOOD FL 33021	☐ Delete	PD Larry R Friedman 11801 SW 7TH ST Pem Broke Pines FL 33025	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VSTD FRIEDMAN, MAXINE P 901 HILLCREST DR #602 HOLLYWOOD FL 33021	☐ Delete	VSTD Maxine P Friedman 11801 SW 7TH ST Pem Brok Pines 33025	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

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: Larry R Friedman 1/4/99 954 450-9140
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #