2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR) P97000027044

DOCUMENT #

MIAMI FL 33134

2. Principal Place of Business

Suite, Apt. #, etc.

LARRIEU, RENE P

MIAMI FL 33134

SIGNATURE

3971 SW 8TH ST. STE 205

City & State

Zip

LARRIEU & ASSOCIATES MANAGEMENT CONSULTANTS CORE Principal Place of Business Mailing Address 3971 SW 8TH ST. STE 205 3971 S.W. 8 STREET. SUITE 204

MIAMI FL 33134

3. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

FILED Apr 21, 2003 8:00 am Secretary of State

04-21-2003 90525 010 ***150.00

	☐ CHECK HERE IF MAKIN	
	4. FEI Number 65-0744841	Applied For
	00 01 404 1	Not Applicable
/	5. Certificate of Status Desired	\$8.75 Additional Fee Required
	7. Name and Address of New Registere	d Agent
Name		
Street Address	(P.O. Box Number is Not Acceptable)	

DATE

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.

City

(NOTE: Registered Agent signature required when reinstating)

Country

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

Country

6. Name and Address of Current Registered Agent

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

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Zip Code

OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE TITLE ☐ Change ☐ Addition Delete LARRIEU, RENE P NAME NAME STREET ADDRESS 5001 GRANADA BLVD. STREET ADDRESS CORAL GABLES FL 33146 CITY-ST-7IP CITY-ST-ZIP VSD ☐ Addition TITLE ☐ Change Delete TITLE LARRIEU, MARIA E NAME NAME STREET ADDRESS 5001 GRANADA BLVD. STREET ADDRESS CORAL GABLES FL 33146 CITY-ST-ZIP CITY-ST-7IP TITLE TITLE ☐ Change ■ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-\$T-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NAME ILLE 7/2 TITLE □ Change ☐ Addition ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY ST ZIP CITY-ST-ZIP

12. Thereby ceany that the information supplied with his 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 supplied each 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 of the receiver of the execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

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LARRIEU,	LARRIEU, RENE P		6,,,,,,	Constitution (DO Section)			
3971 SW	8TH ST. STE 205		Street Addres	ss (P.O. Box Number is Not Acceptable)			
MIAMI FL	33134						
			City	FL Zip Code			
8. The above	e named entity submits this statement (or the purpose of changing it	s registered office or real	stered agent, or both, in the State of Florida. Familiar with, and accept	-		
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