

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Jul 31, 2001 08:00 AM****Secretary of State****DOCUMENT # P98000016706**1. Entity Name
LARA REAL ESTATE HOLDINGS, INC.**Principal Place of Business**200 S. BISCAYNE BOULEVARD
SUITE #4874
MIAMI
33131

FL

Mailing Address200 S. BISCAYNE BOULEVARD
SUITE #4874
MIAMI
33131

FL

2. Principal Place of Business

200 S. BISCAYNE BOULEVARD

3. Mailing Address

200 S. BISCAYNE BOULEVARD

Suite, Apt. #, etc.
43RD FLOORSuite, Apt. #, etc.
43RD FLOORCity & State
MIAMI

FL

City & State
MIAMI

FL

Zip
33131

Country

Zip
33131

Country

4. FEI Number**65-0927670**

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered AgentPENINSULA REGISTERED AGENTS, INC.
200 S. BISCAYNE BOULEVARD
SUITE #4874
MIAMI
33131

FL

US

7. Name and Address of New Registered Agent**Name**

PENINSULA REGISTERED AGENTS, INC.

Street Address (P.O. Box Number is Not Acceptable)

200 S. BISCAYNE BOULEVARD

SUITE 43RD FLOOR

City
MIAMI

FL

Zip Code
33131

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)

07/31/2001

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	ST	<input type="checkbox"/> Delete
NAME	GIL MARIA	
STREET ADDRESS	200 S. BISCAYNE BOULEVARD, SUITE 4874	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	P	<input type="checkbox"/> Delete
NAME	FOLLO ANTONIO	
STREET ADDRESS	200 S. BISCAYNE BOULEVARD, SUITE 4874	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

P

07/31/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)