

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000059237

1. Entity Name

M. LARA FARM LABOR CONTRACTORS, INC.

FILED

May 02, 2001 8:00 am
Secretary of State

05-02-2001 90214 044 ***150.00

Principal Place of Business

11901 SW 274TH ST
HOMESTEAD FL 33032

Mailing Address

11901 SW 274TH ST
HOMESTEAD FL 33032

2. Principal Place of Business

11901 S.W. 274th St.
Suite, Apt. #, etc.

3. Mailing Address

11901 S.W. 274th St.
Suite, Apt. #, etc.

City & State

HOMESTEAD Florida

City & State

HOMESTEAD FLORIDA

Zip

33032

Country

MIAMI DADE

Zip

33032

Country

MIAMI DADE

4. FEI Number

65-0284807

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

LARA, OLGA
11901 SW 274TH ST
HOMESTEAD FL 33032

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

TITLE PD
NAME LARA, MANUEL
STREET ADDRESS 11901 SW 274TH ST
CITY-ST-ZIP HOMESTEAD FL 33032 ☐ Delete

TITLE SD
NAME LARA, OLGA
STREET ADDRESS 11901 SW 274TH ST
CITY-ST-ZIP HOMESTEAD FL 33032 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

MANUEL LARA 4-27-01 305-258-9226

CR2E034 (10/00)