

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 09, 2002 8:00 am
Secretary of State

05-09-2002 90082 005 ***150.00

DOCUMENT # P99000041393

1. Entity Name

H.U.M. LARROC, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1721 North Andrews Ave

Suite, Apt. #, etc.

3. Mailing Address

1721 North Andrews Ave

Suite, Apt. #, etc.

City & State

Fort Lauderdale, FL

City & State

Fort Lauderdale, FL

4. FEI Number

65-0917043

Applied For

Not Applicable

Zip

33311

Country

Broward

Zip

33311

Country

Broward

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
1721 North Andrews Avenue

City

Fort Lauderdale

FL

Zip Code

33311

**DO NOT WRITE
IN THIS SPACE**

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 reappointing)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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
NAME
P/D
DAVID, SEAN
STREET ADDRESS
1721 North Andrews Avenue
CITY - ST - ZIP
Fort Lauderdale, FL 33311

TITLE
NAME
ST/D
ZEPKA, VICTOR
STREET ADDRESS
1721 North Andrews Avenue
CITY - ST - ZIP
Fort Lauderdale, FL 33311

TITLE
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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 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 #

CR2E034B (12/01)