

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 91120 024 ***158.75

DOCUMENT # P99000068910

1. Entity Name
LARA GROUP, CORP.

Principal Place of Business

520 WOODGATE CIRCLE
SUNRISE FL 33326

Mailing Address

520 WOODGATE CIRCLE
SUNRISE FL 33326

2. Principal Place of Business

8725 SW 109 ST.

Suite, Apt. #, etc.

3. Mailing Address

8725 SW 109 ST

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

City & State

MIAMI, FL

Zip

33176

Country

DADE

Zip

33176

Country

DADE

4. FEI Number

65-0954001

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 Agent

LARA, MELISSA
520 WOODGATE CIRCLE
SUNRISE FL 33326

7. Name and Address of New Registered Agent

Name **LUIS F. LARA**
Street Address (P.O. Box Number is Not Acceptable) **8725 SW 109 ST**
City **MIAMI** **FL** **Zip Code** **33176**

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

Melissa Lara

Melissa Lara

4/26/02

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, 2002 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	<input type="checkbox"/> Delete
NAME	LARA, LUIS F	
STREET ADDRESS	8725 SW 109TH STREET	
CITY-ST-ZIP	MIAMI FL 33176	
TITLE	VPSD	<input checked="" type="checkbox"/> Delete
NAME	LARA, MELISSA	
STREET ADDRESS	8725 SW 109TH STREET	
CITY-ST-ZIP	MIAMI FL 33176	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GARCIA, SANTOS R	
STREET ADDRESS	11222 SW 3 ST	
CITY-ST-ZIP	MIAMI FL 33174	
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	PRESIDENT & TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LARA, LUIS F.	
STREET ADDRESS	8725 SW 109 ST.	
CITY-ST-ZIP	MIAMI, FL. 33176	
TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NORYS ALTUVE	
STREET ADDRESS	7999 SW 58 ST	
CITY-ST-ZIP	MIAMI, FL. 33143	
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:

Melissa Lara

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/02

Date

Daytime Phone #

CR2E034 (9/01)