

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 17, 2003 8:00 am
Secretary of State

01-17-2003 90106 033 ***150.00

DOCUMENT # P99000101713

1. Entity Name
LARA DEAN INTERNATIONAL, INC.



Principal Place of Business
10134 BEEFMASTER COURT
NEW PORT RICHEY FL 34655

Mailing Address
10134 BEEFMASTER COURT
NEW PORT RICHEY FL 34655

2. Principal Place of Business
2707 E. 97th AVENUE
Suite, Apt. #, etc.

3. Mailing Address
2707 E. 97th AVENUE
Suite, Apt. #, etc.

City & State
TAMPA, FLORIDA

City & State
TAMPA, FLORIDA

Zip 33612 **Country** USA

Zip 33612 **Country** USA

4. FEI Number 59-3630587

Applied For
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES.

6. Name and Address of Current Registered Agent

LONTOC, LUBETH L
10134 BEEFMASTER COURT
NEW PORT RICHEY FL 34655

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
2707 E. 97th AVENUE
City TAMPA **FL** **Zip Code** 33612

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.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE	PTSC	<input type="checkbox"/> Delete
NAME	LONTOC, MARIA L	
STREET ADDRESS	10134 BEEFMASTER COURT	
CITY-ST-ZIP	NEW PORT RICHEY FL 34655-4351	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	LONTOC, DINO F	
STREET ADDRESS	10134 BEEFMASTER COURT	
CITY-ST-ZIP	NEW PORT RICHEY FL 34655-4351	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		2707 E. 97th AVENUE	TAMPA, FL 33612	ADDRESS ON US
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/03

727-534-8445

Daytime Phone #