

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

UBR 12/0 AV

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.



CHECK HERE IF MAKING CHANGES.

City & State
TAMPA, FLORIDA

City & State
TAMPA, FLORIDA

4. FEI Number **59-3630587**

Applied For
Not Applicable

Zip **33612** **Country** **USA**

Zip **33612** **Country** **USA**

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

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

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

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 ADDRESS ONLY 2707 E. 97th AVENUE TAMPA, FL 33612
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

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**
Date Daytime Phone #

CR2E034 (10/02)