

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000107738

1. Entity Name  
**LAROC ENTERPRISES, INC.**

**FILED**  
**Apr 05, 2000 8:00 am**  
**Secretary of State**

04-05-2000 90063 048 \*\*\*150.00

Principal Place of Business <b>782 NW 42ND AVENUE, SUITE 630 MIAMI FL 33126</b>	Mailing Address <b>782 NW 42ND AVENUE, SUITE 630 MIAMI FL 33126</b>
--	--



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>782 N.W. 42ND AVENUE</b>	3. Mailing Address <b>782 N.W. 42ND AVENUE</b>
Suite, Apt. #, etc. <b>SUITE 430</b>	Suite, Apt. #, etc. <b>SUITE 430</b>
City & State <b>MIAMI, FL</b>	City & State <b>MIAMI, FL</b>
Zip <b>33126-5549</b>	Country <b>USA</b>

4. FEI Number <b>98-0152957</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**MEMBIELA, JOAQUIN**  
**782 NW 42ND AVENUE, SUITE 430**  
**MIAMI FL 33126**

7. Name and Address of New Registered Agent

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

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, 2000 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>P/D</b> <input type="checkbox"/> Delete <b>AGOSTINHO DESOUSA MACEDO</b> <b>782 N.W. 42ND AVENUE SUITE 430</b> <b>MIAMI, FL 33126-5549</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>V/T/D</b> <b>AGOSTINHO A. MACEDO</b> <b>782 N.W. 42ND AVENUE SUITE 430</b> <b>MIAMI, FL 33126-5549</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>V/D</b> <b>OLGA E. MACEDO</b> <b>782 N.W. 42ND AVENUE SUITE 430</b> <b>MIAMI, FL 33126-5549</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>V/D</b> <b>SANDRA MACEDO</b> <b>782 N.W. 42ND AVENUE SUITE 430</b> <b>MIAMI, FL 33126-5549</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>V/D</b> <b>ADRIANA MACEDO</b> <b>782 N.W. 42ND AVENUE SUITE 430</b> <b>MIAMI, FL 33126-5549</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>S</b> <b>JOAQUIN MEMBIELA</b> <b>782 N.W. 42ND AVENUE SUITE 430</b> <b>MIAMI, FL 33126</b>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: **AGOSTINHO DE SOUSA MACEDO** *[Signature]* **2/30/2000** (305) 446-4006  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)