## 2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE: AGOSTINHO DE SOUSA MACEDO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## FILED DOCUMENT # **P99000107738** Apr 05, 2000 8:00 am 1. Entity Name Secretary of State LAROC ENTERPRISES, INC. 04-05-2000 90063 048 \*\*\*150.00 Mailing Address Principal Place of Business 782 NW 42ND AVENUE. SUITE 630 782 NW 42ND AVENUE, SUITE 630 MIAMI FL 33126 MIAMI FL 33126 2. Principal Place of Business 782 N.W. 42ND AVENUE 3. Mailing Address 782 N.W. 42ND AVENUE DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc Suite, Apt. #, etc. SUITE 430 SUITE 430 Applied For 4. FEI Number City & State City & State 98-0152957 MIAMI, FL Not Applicable MIAMI, FL Country \$8.75 Additional Country 5. Certificate of Status Desired 33126-5549 Fee Required USA 33126-5549 USA 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MEMBIELA, JOAQUIN Street Address (P.O. Box Number is Not Acceptable) 782 NW 42ND AVENUE, SUITE 430 MIAMI FL 33126 Zip Code FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition ☐ Chance TITLE ☐ Delete TITLE P/DNAME AGOSTINHO DESOUSA MACEDO NAME STREET ADDRESS 782 N.W. 42ND AVENUE SUITE 430 STREET ADDRESS CITY-ST-ZIE MIAMI, FL 33126-5549 CITY-ST-ZIP Addition ☐ Change ☐ Delete TITLE TITLE AGOSTINHO A. MACEDO 💣 NAME NAME STREET ADDRESS STREET ADDRESS 782 N.W. 42ND AVENUE SUITE 430 CITY-ST-ZIP CITY-ST-7IP MIAMI, FL 33126-5549 ☐ Change \_ ☐ Addition TITLE -TITLE OLGA E. MACEDO NAME NAME 782 N.W. 42ND AVENUE SUITE 430 STREET ADDRESS STREET ADDRESS MIAMI, FL 33126-5549 CITY-ST-ZIP CITY-ST-ZIP Addition Change TITLE Delete TITLE SANDRA MACEDO 🦨 NAME NAME 782 N.W. 42ND AVENUE SUITE 430 STREET ADDRESS STREET ADDRESS MIAMI, FL 33126-5549 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE ADRIANA MACEDO 782 N.W. 42ND AVENUE SUITE 430 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33126-5549 CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE NAME JOAQUIN MEMBIELA NAME 782 N.W. 42ND AVENUE SUITE 430 STREET ADDRESS STREET ADDRESS MIAMI, FL 33126 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.