2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED May 23, 2002 8:00 am Secretary of State V15533 DOCUMENT # 1. Entity Name 05-23-2002 90081 037 ***150.00 LARS GROUP, INC. Mailing Address Principal Place of Business ONE S.E. THIRD AVE. 190 CASUARINA CONCOURSE 15TH FLOOR CORAL GABLES FL 33143 MIAM! FL 33131 3. Mailing Address 2. Principal Place of Business 200 5. Biscayne Blud. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Sixth Thoo Applied For City & State City & State 4. FFI Number 65-0329049 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BRANT, BARRY M BRANT, BARRY M Address (P.O. Box Number is Not Acceptable) 200 SOUTH BISCAYNE BLVD. ONE S.E. THIRD AVE. 15TH FLOOR SIXTH FLOOR **MIAMI FL 33131** City 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, 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 Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees П (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. OFFICERS AND DIRECTORS Change Addition Delete TITLE TITLE DAVIDSSON, LARS NAME NAME 190 CASUARINA CONCOURSE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **CORAL GABLES FL 33143** CITY-ST-ZIP ☐ Addition TITLE □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME -STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITI F □ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP explied with this fijing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information ital eport 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 under employed to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if address, with all other like empowered. indicated on this report or supplementa changed, or on an attachme