

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 30, 2001 8:00 am**  
**Secretary of State**

04-30-2001 90008 029 \*\*\*150.00

0602404

**DOCUMENT # 179616**

1. Entity Name  
**LAS OLAS APARTMENTS, INC.**

Principal Place of Business <b>C/O WILLIAM MAZZOCCO          2 HENDRICKS ISLE APT F-1          FT LAUDERDALE FL 33301          US</b>	Mailing Address <b>C/O PETER J KIEP          3643 ALTA VISTA AVE          SANTA ROSA CA 95409          US</b>
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2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

4. FEI Number **59-0998954**      Applied For  
 Not Applicable

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**HAMMOND, PAUL  
 6185 WOODBURY RD  
 BOCA RATON FL 33433**

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 *Paul S. Hammond*      **PAUL S. HAMMOND**

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

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
D	GROTH, JAMES	MOUNTAINS CORP HIGH HILL RD	WALLINGFORD CT 06492	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
SD	KIEP, PETER	3643 ALTA VISTA AVE	SANTA ROSA CA 95409	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
D	MAZZUCCO, WILLIAM	1351 MAIN ST	CHATHAM MA 02633	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
PD	HAMMOND, PAUL	6185 WOODBURY RD	BOCA RATON FL 33433	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
T	KATSIVALIS, HELEN	17 W061 WOODLAND AVE.	BENSENVILLE IL 60106	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
VD	NILES, RONALD	5237 BERNEDA DR	FLINT MI 48506	<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)(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.

SIGNATURE: *Paul S. Kiep, Secretary*  
 SIGNATURE AND TYPED OR PRINTED NAME      SIGNING OFFICER OR DIRECTOR

*4/25/01*      *(702) 525-8221*  
 Date      Daytime Phone #

CR2E034 (10/00)