

2000 UNIFORM BUSINESS REPORT (UBR)

AMENDED REPORT **091300**

DOCUMENT # **586670**

1. Entity Name
LAWRIA CORPORATION

FILED
00 SEP 14 AM 11:28
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business Mailing Address
7260 W. Atlantic Blvd. P.O. Box 934369
Margate, FL 33063 Margate, FL 33093

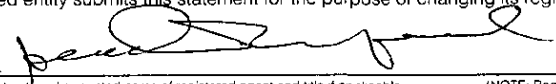
2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. P.O. Box 934369
City & State Margate, FL
Zip Country Zip Country
33093-4369 Broward

4. FEI Number **59-1847439** 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
Joel Roth
7260 West Atlantic Blvd.
Margate, FL 33063

7. Name and Address of New Registered Agent
Name **Alexander Rosenfeld**
Street Address (P.O. Box Number is Not Acceptable) **18260 NE 19th Ave.**
City **North Miami Beach** FL Zip Code **33162**

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  **100003398051--6**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) **-09/19/00--01033--021**
*******61.25 *****61.25**

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. **xx** **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

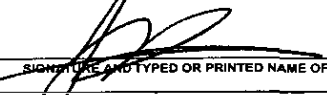
11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President-Director Gloria Roth 7260 W. Atlantic Blvd. Margate, FL 33063	<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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President-Director Joel Roth 7260 West Atlantic Blvd. Margate, FL 33063	<input checked="" 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)(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:  **JOEL ROTH** **6/30/00** **954-973-4114**
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/99)

KE