

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 27, 2001 8:00 am
Secretary of State
 04-27-2001 90350 040 ***150.00

DOCUMENT # **618311**

1. Entity Name
LDC ASSOCIATES, INC.

Principal Place of Business 411 E HILLSBORO BLVD DEERFIELD BCH FL 33441 US	Mailing Address 411 E HILLSBORO BLVD DEERFIELD BCH FL 33441 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 9148 GLADES ROAD Suite, Apt. #, etc.	3. Mailing Address 9148 GLADES ROAD Suite, Apt. #, etc.
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City & State BOCA RATON, FL	City & State BOCA RATON
Zip 33434	Zip 33434
Country Palm Beach	Country Palm Beach

4. FEI Number 59-1902626	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
**RAMERS, LAWRENCE
 411 E. HILLSBORO BLVD
 DEERFIELD BEACH FL 33441**

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 _____ (NOTE: Registered Agent signature required when reinstating)

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

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RAMERS, LAWRENCE 20978 E CONCORD GREEN BOCA RATON FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST RAMERS, RALPH 700 LOCK RD. #57 DEERFIELD BEACH FL 33442
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ASHER, BEVERLY L 545 BANKS RD MARGATE FL 33063
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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

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: Lawrence M. Ramers
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/01 (561) 488-7599
 Date Daytime Phone #

CR2E034 (10/00)