

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2000 8:00 am
Secretary of State

03-06-2000 90077 036 ***150.00

DOCUMENT # K92999

1. Entity Name
LAVER, INC.

Principal Place of Business: **GARDENS-ISLES SHOPPING CENTERE 438-780-S-CYPRESS RD. POMPANO BEACH FL-33068 US**
 Mailing Address: **LAVER, INC. 273 SHOREACRES RD. BURLINGTON ONTARIO CA L7L 2H3**

2. Principal Place of Business: **2615 S. University Drive**
 Suite, Apt. #, etc.:
 City & State: **Davie, FL**

3. Mailing Address:
 Suite, Apt. #, etc.:
 City & State:

Zip: **33328** Country: **U.S.** Zip: **L7L 2H3** Country: **CANADA**

4. FEI Number: **65-0122748**
 Applied For: Not Applicable:

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

6. Name and Address of Current Registered Agent:
MORRISON, JOHN T - 2061-NW BOCA RATON BLVD., SUITE-108 BOCA RATON FL 33431 -

7. Name and Address of New Registered Agent:
 Name: **Mark E. Stelnik**
 Street Address (P.O. Box Number is Not Acceptable): **2615 S. University Drive**
 City: **Davie** State: **FL** Zip Code: **33328**

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: *Mark E. Stelnik* DATE: **1/24/2000**
Signature typed or printed name of registered agent and title if applicable. (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, 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: PD	<input type="checkbox"/> Delete
NAME: LAVER, DOUGLAS A.	
STREET ADDRESS: 273 SHOREACRES RD	
CITY-ST-ZIP: BURLINGTON, ONT, CAN	
TITLE:	<input type="checkbox"/> Delete
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> Delete
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> Delete
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> Delete
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:	
STREET ADDRESS:	
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.

SIGNATURE: *Rev. [Signature]* DATE: **1/24/2000** DAYTIME PHONE #: **905-572-0403**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)