

2001 UNIFORM BUSINESS REPORT (UBR)

0008031 AF

DOCUMENT # L95000000130
1. Entity Name
 L.A.W. CORAL SPRINGS, L.C.

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 01 MAR -5 PM 3:12

Principal Place of Business
 3530 NORTH 45TH AVENUE
 HOLLYWOOD FL 33021

Mailing Address
 P.O. BOX 8020
 HALLANDALE FL 33008-8020



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

Zip **Country**

4. FEI Number 65-0566532 **Applied For**
 Not Applicable

5: Certificate of Status Desired **\$5.00 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

BEDZOW, MICHAEL
 BEDZOW, KORN & KAN, P.A.
 20803 BISCAYNE BLVD., STE. 200
 AVENTURA FL 33180

7. Name and Address of New Registered Agent

Name: LAURENCE A. WEISS
 Street Address (P.O. Box Number is Not Acceptable): 3530 NORTH 45 AVENUE
 City: HOLLYWOOD, FL Zip Code: 33021

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: *Laurence A Weiss, MGR* LAURENCE A WEISS MANAGING MEMBER 2/28/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

600003888656-4
 -03/20/01--01087--005
 *****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WEISS, LAURENCE A 3530 NORTH 45TH AVE. HOLLYWOOD FL 33021 <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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Laurence A Weiss* LAURENCE A. WEISS 2/28/01 (954) 961-1792
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CP2E083 (11/00)