

2001 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # L95000000132
 1. Entity Name
 L.A.W. HALLANDALE 30, L.C.

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

Principal Place of Business Mailing Address
 3530 NORTH 45TH AVENUE P.O. BOX 8020
 HOLLYWOOD FL 33021 HALLANDALE FL 33008-8020



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.
 3. Mailing Address Suite, Apt. #, etc.
 City & State City & State

4. FEI Number **65-0569087** Applied For
 Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired \$5.00 Additional Fee Required

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 45TH AVENUE
 City **HOLLYWOOD** FL **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
400003888654--1
-03/20/01--01087--004
*******50.00 *****50.00**

9. MANAGING MEMBERS/MEMBERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WEISS, LAURENCE A 3530 NORTH 45TH AVENUE 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

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

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 #

CR2E083 (11/00)