

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90175 033 ***150.00

DOCUMENT # P010000007988
1. Entity Name
LFW, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1540 NW 63rd Way
Suite, Apt. #, etc.

3. Mailing Address
1540 NW 63rd Way
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Margate FL
Zip
33063
Country
USA

City & State
Margate FL
Zip
33063
Country
USA

4. FEI Number
65-1068680
Applied For
 Not Applicable

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Helayne F. Wills
Street Address (P.O. Box Number is Not Acceptable)
1540 NW 63rd Way
City
Margate **FL** Zip Code
33063

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 Helayne F. Wills DATE 4/21/02
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. (See criteria on back)

**January 1 - May 1 Fee is \$150.00 -
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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	<u>President Helayne F. Wills 1540 NW 63rd Way Margate FL 33063</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: Helayne F. Wills DATE 4/21/02 954978-3897
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)