

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 08, 2000 8:00 am**  
**Secretary of State**

03-08-2000 90065 011 \*\*\*158.75

**DOCUMENT # P96000009521**

1. Entity Name  
**L & A PARTNERS, INC.**

Principal Place of Business <b>8169 DIAMOND COVE CIRCLE          ORLANDO FL 32836          US</b>	Mailing Address <b>2169 DIAMOND COVE CIRCLE          ORLANDO FL 32836          US</b>
--	--

2. Principal Place of Business	3. Mailing Address <b>8169 DIAMOND COVE CIR.</b>
--------------------------------	---

Suite, Apt. #, etc.	Suite, Apt. #, etc.
---------------------	---------------------

City & State <b>ORLANDO FL</b>	4. FEI Number <b>59-3365857</b>	Applied For <input type="checkbox"/> Not Applicable
-----------------------------------	------------------------------------	--

Zip <b>32836</b>	Country	5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
---------------------	---------	--



DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**FERREIRA, LUIZ A  
 8169 DIAMOND COVE CIR  
 ORLANDO FL 32836**

Name
Street Address (P.O. Box Number is Not Acceptable)
City <b>FL</b> 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 \_\_\_\_\_ DATE \_\_\_\_\_  
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)

**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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>PSTD</b>	<input checked="" type="checkbox"/> Delete	TITLE <b>P-VP-S-T</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>FERREIRA, LUIZ A</b>		NAME <b>RICARDO LEMMERS</b>	
STREET ADDRESS <b>8169 DIAMOND COVE CIR</b>		STREET ADDRESS <b>8169 DIAMOND COVE CIR.</b>	
CITY-ST-ZIP <b>ORLANDO FL 32836</b>		CITY-ST-ZIP <b>ORLANDO FL. 32836</b>	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**02/2/00**  
Date

Daytime Phone #

CR2E034 (9/99)