

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 04, 2000 8:00 am
Secretary of State

05-04-2000 90094 039 ***150.00

DOCUMENT # P97000012783

1. Entity Name

LAPU-LAPU TRANSPORTATION, INC.

Principal Place of Business

Mailing Address

1720 CLEVELAND STREET
 #211W
 HOLLYWOOD FL 33020

2668 NW 99TH AVE
 CORAL SPRINGS FL 33065-6215
 US

2. Principal Place of Business

3. Mailing Address

2668 NW 99th Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Bldg 45

City & State

City & State

Coral Springs, FL

4. FEI Number

65-0737837

Applied For

Not Applicable

Zip
 33065-6215

Country
 USA

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~SCHUTZE, PETER E~~
 1720 CLEVELAND STREET
 #211W
 HOLLYWOOD FL 33020

Name

Street Address (P.O. Box Number is Not Acceptable)

2668 NW 99th Ave Bldg 45

City

Coral Springs

FL

Zip Code
 33065

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	SCHUTZE, PETER E	1720 CLEVELAND ST. #221W	HOLLYWOOD FL 33020	<input type="checkbox"/>
VTS	SCHUTZE, CHERYL A	2668 NW 94TH AVE	CORAL SPRINGS FL 33065	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
P/C/M/D	Peter E Schutze	2668 NW 99th Ave, Bldg 45	Coral Springs, FL 33065-6215	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

Peter E Schutze
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-16-00

Date

954-294-6364

Daytime Phone #

CR2E034 (9/99)