

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 02, 2002 8:00 am**  
**Secretary of State**

04-02-2002 90912 035 \*\*\*150.00

0373900 AV

**DOCUMENT # P98000037320**  
 1. Entity Name  
**LAUREN & ASSOCIATES, INC.**

Principal Place of Business <b>1070 NW 1ST AVE          SUITE A          BOCA RATON FL 33432          US</b>	Mailing Address <b>1070 NW 1ST AVE.          SUITE A          BOCA RATON FL 33432          US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>350 FAIRWAY DRIVE          SUITE 110</b>	3. Mailing Address <b>350 FAIRWAY DRIVE          SUITE 110</b>
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City & State <b>DEERFIELD BEACH FL</b>	City & State <b>DEERFIELD BEACH FL</b>	4. FEI Number <b>65-0837361</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>33441</b>	Country <b>USA</b>	Zip <b>33441</b>	Country <b>USA</b>

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

6. Name and Address of Current Registered Agent  
**WALCZAK, JOYCE  
 1353 S MILITARY TRAIL  
 DEERFIELD BCH. FL 33442**

7. Name and Address of New Registered Agent  
 Name **Joyce Walczak**  
 Street Address (P.O. Box Number is Not Acceptable)  
**3810 NW 3rd Avenue**  
 City **Boca Raton** FL Zip Code **33431**

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 *Joyce Walczak* DATE **2/11/02**  
Signature typed or printed name of registered agent and date 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, 2002 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P LUXON, ELIZABETH 3710 NW 71 STREET COCONUT CREEK FL 33073</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP BUTERA, PHILIP M 9355 SW 8 ST #321 BOCA RATON FL 33428</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST ROBERTS, SUSAN 1117 E. RIVER DRIVE MARGATE FL 33063</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MARGATE</b>	<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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P LUXON ELIZABETH 3710 NW 71 STREET COCONUT CREEK FL 33073</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP BUTERA PHILIP M 12240 FAIRWAY PINES DR BOYNTON BEACH FL 33437</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST ROBERTS SUSAN 1117 E RIVER DRIVE MARGATE FL 33063</b>	<input checked="" 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

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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **2.11.02** Daytime Phone # **934312-1100**

CR2E034 (9/01)