

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 22, 2000 8:00 am
Secretary of State

01-22-2000 90024 037 ***150.00

DOCUMENT # P99000080125

1. Entity Name
LAS OLAS GRAND DEVELOPMENT CORP.

Principal Place of Business 4121 N.W. 9TH AVE..#1 POMPANO BEACH FL 33064	Mailing Address 4121 N.W. 9TH AVE..#1 POMPANO BEACH FL 33064-1821
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3250 OLEANER WAY Suite, Apt. #, etc.	3. Mailing Address 3250 OLEANER WAY Suite, Apt. #, etc.
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City & State POMPANO BEACH, FL	City & State POMPANO BEACH, FL	4. FEI Number 65-0951061	Applied For <input type="checkbox"/> Not Applicable
Zip 33062	Country USA	Zip 33062	Country USA
5. Certificate of Status Desired <input type="checkbox"/>		8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent ALTINO, VINCENT J ESQ. 2101 W. COMMERCIAL BLVD.,STE.4100 FT. LAUDERDALE FL 33309		7. Name and Address of New Registered Agent Name JEAN G. COHADE Street Address (P.O. Box Number is Not Acceptable) 3250 OLEANER WAY City POMPANO BEACH FL Zip Code 33062	
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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: *Jean G. Cohade* **JEAN G. COHADE** DATE: **1/10/00**

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.

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 D	<input type="checkbox"/> Delete	TITLE P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME COHADE, JEAN		NAME COHADE, JEAN	
STREET ADDRESS 4121 N.W. 9TH AVE.,#1		STREET ADDRESS 3250 OLEANER WAY	
CITY-ST-ZIP POMPANO BEACH FL 33064		CITY-ST-ZIP POMPANO BEACH FL 33062	
TITLE	<input type="checkbox"/> Delete	TITLE	<input checked="" 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: *Jean G. Cohade* **JEAN G. COHADE** DATE: **1/10/00** (954) 942-7321

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)