

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 22, 2002 8:00 am**  
**Secretary of State**

05-22-2002 90160 013 \*\*\*150.00

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**DOCUMENT # P99000080125**

1. Entity Name  
**LAS OLAS GRAND DEVELOPMENT CORP.**

Principal Place of Business  
**OLEANDER**  
~~3250 OCEANDER WY~~  
**POMPANO BEACH FL 33062**

Mailing Address  
**OLEANDER**  
~~3250 OCEANDER WY~~  
**POMPANO BEACH FL 33062**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**3250 Oleander Way**  
 Suite, Apt. #, etc.

3. Mailing Address  
**3250 Oleander Way**  
 Suite, Apt. #, etc.

4. FEI Number **65-0951061** Applied For  Not Applicable

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

6. Name and Address of Current Registered Agent  
**COHADE, JEAN E**  
~~3250 OCEANDER WY~~  
**POMPANO BEACH FL 33062**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
**3250 Oleander Way**  
 City **FL** Zip Code

8. True 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 *Joseph A. Dobos* V.P. DATE **4-26-02**  
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.   
**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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>COHADE, JEAN</b> <del>3250 OCEANDER WY</del> <b>POMPANO BEACH FL 33062</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>3250 Oleander Way</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>DOBOS, JOSEPH</b> <b>2720 E OAK LAND PK SUITE 109</b> <b>FORT LAUDERDALE FL 33306</b>	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"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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: *JEAN E. COHADE* **JEAN E. COHADE** (1/8/02) (954) 942-7321  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/01)