

2000 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # P99000080190

1. Entity Name

LEISURE PROPERTY INVESTMENTS, INC.

FILED

00 JUL 24 AM 7:58

SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business C/O BRUCE E. LAZAR 2901 COLLINS AVENUE, SUITE M MIAMI BEACH FL 33140	Mailing Address C/O BRUCE E. LAZAR 2901 COLLINS AVENUE, SUITE M MIAMI BEACH FL 33140-4104
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 65-0998380	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**LAZAR, BRUCE E
2901 COLLINS AVENUE
MIAMI BEACH FL 33140**

7. Name and Address of New Registered Agent

Name _____
Street Address (P.O. Box Number is Not Acceptable) _____
City _____ **FL** 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 _____ **500003349775--6**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)
08/08/00--01086--020
*****150.00 ***150.00**

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	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<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
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	DP Lowenstein, Alfredo 2901 Collins Ave. Miami Beach, FL 33140 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVP Cooney, John 2901 Collins Ave. Miami Beach, FL 33140 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVPS Lazar, Bruce 2901 Collins Ave. Miami Beach, FL 33140 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AS Mathia, Judith 2901 Collins Ave. Miami Beach, FL 33140 <input type="checkbox"/> Change <input checked="" 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)(c), 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: Bruce Lazar VP
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/00 305 335-8718
Date Daytime Phone

KE



2 of 2

July 12, 2000

Florida Department of State
Attn: Uniform Business Report
409 East Gaines Street (UBR)
Tallahassee, FL 32399

Re: Fuel Sav International Inc. - Document # P9900080190

Dear Sir or Madam,

Our records show all checks payable to the Department of State (check #1752 through check #1762, dated April 13, 2000) for Annual Filing Fees are outstanding. All ten reports were mailed to you on April 13 in one envelope. The envelope has not been returned to us, and yesterday, we were told they have not been received by your department.

We have today stopped payment on the checks issued April 13, and attached you will find our replacement check, copies of the Annual Filing, our original check and checkbook register for the subject corporation which is part of our corporation, Lionstone Group, Inc.

Please consider these extraordinary circumstances, and waive late fee.

If you require anything further, please do not hesitate to let us know.

Very truly yours,

Bruce E. Lazar
MAROLA CORP.

MAILING ADDRESS:
P.O. Box 402568
Miami Beach, FL 33140
United States of America

OFFICE:
2901 Collins Avenue
Miami Beach, FL 33140
Tel: (305) 532-1215
Fax: (305) 532-0223