

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # V55077**1. Entity Name  
**904 LAS OLAS, INC.**Principal Place of Business  
**904 E LAS OLAS BLVD  
FT LAUDERDALE FL 33301**Mailing Address  
**904 E LAS OLAS BLVD  
FT LAUDERDALE FL 33301**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number **65-0349078**

Applied For

Not Applicable

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

**MURRAY, DAVID G.  
321 SE 15TH AVE  
FT LAUDERDALE FL U3301**

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

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, 2001 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 **P** ☐ Delete  
NAME **DAY, JOHN P**  
STREET ADDRESS **2632 SEA ISLAND DR**  
CITY-ST-ZIP **FT LAUDERDALE FL**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE **T** ☐ Delete  
NAME **PROFFER, LOUISE**  
STREET ADDRESS **3100 NE 47 COURT #4**  
CITY-ST-ZIP **FT LAUDERDALE FL**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE **D** ☐ Delete  
NAME **PROFFER, PHILIP P**  
STREET ADDRESS **3100 NE 47 CT., #4**  
CITY-ST-ZIP **FT LAUDERDALE FL**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE **D** ☐ Delete  
NAME **BOYLE, JANET**  
STREET ADDRESS **904 E LAS OLAS BLVD**  
CITY-ST-ZIP **FT LAUDERDALE FL**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE **VP** ☐ Delete  
NAME **LUCIA, EUGENE S**  
STREET ADDRESS **10208 NW 6 CT**  
CITY-ST-ZIP **PLANTATION FL**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE **S** ☐ Delete  
NAME **GAUS, CHRISTOPHER**  
STREET ADDRESS **1704 N.E. 1ST STREET**  
CITY-ST-ZIP **FORT LAUDERDALE FL 33301**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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: *Loise Proffer*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-9-01

Date

954-523-5001

Daytime Phone #

0241580

CR2E034 (10/00)