## **2003 FOR PROFIT CORPORATION** UNIFORM BUSINESS REPORT (UBR

## 281770 DOCUMENT #

1. Entity Name

LAUDERDALE ESTATES, INC.



## **FILED** Jan 15, 2003 8:00 am Secretary of State 01-15-2003 90208 042 \*\*\*150.00

SKELLEY, HERMAN & MILLS. ESOS.		Mailing Address  % KELLEY, HERMAN & MILLS, ESQS, 1401 E. BROWARD BLVD. SUITE #206  FT. LAUDERDALE FL 33301  3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES
City & Star	te	City & State		4. FEI Number 59-2055278 Applied For Not Applicable
Zip S	Country	Zìp	Country	5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent KELLEY, PATRICK 1401 E. BROWARD BLVD FT. LAUDERDALE FL 33301			Name Street Addre	7. Name and Address of New Registered Agent ess (P.O. Box Number is Not Acceptable)
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. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  Signature, typed or printed name of registered agent and till applicable. (NOTE: Registered Agent signature required when reinstating)  FILE NOW!!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State  City  FL Zip Code  Zip Code  I on the State of Florida. I am familiar with, and accept with applicable. (NOTE: Registered Agent signature required when reinstating)  9. Election Campaign Financing Trust Fund Contribution.				
10.	OFFICERS AND (		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PASALODOS,DAMASO 1401 E BROWARD BLVD #206 FT. LAUDERDALE FL	☐ Delete	THILE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KELLEY,ROHAN 1401 E BROWARD BLVD #206 FT. LAUDERDALE FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition .
STREET ADDRESS	VSTD KELLEY, PATRICK G 1401 E BORWARD BLVD #206 FT. LAUDERDALE FL 33301	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filling 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 10 or Block 11 if

SIGNATURE: