## 2000 UNIFORM BUSINESS REPORT (UBR)

## **FILED** DOCUMENT # 297906 Jan 20, 2000 8:00 am 1. Entity Name **Secretary of State** L.A.I., INC. 01-20-2000 90126 024 \*\*\*150.00 Principal Place of Business Mailing Address J.PATRICK O'NEIL J.PATRICK O'NEIL 2900 E OAKLAND PARK BLVD 2900-E-OAKLAND-PARK BLVD FT-LAUDERDALE ELA 33306-1804 FILAUDERDALE FL 33306 2. Principal Place of Business 3. Mailing Address . Mailing Address 2900 EAST OAKLAND PKBLVD 2900 EAST DAKLAMP PK BLU Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 103 103 Applied For 4. FEI Number City & State 59-1159156 LAUDEROALE Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent O'NEAL: PATRICK Street Address (P.O. Box Number is Not Acceptable) 2900 E. OAKLAND PARK BLVD. FT. LAUDERDALE FL 33339 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 0.14 | 1/11 ☐ Addition Delete TITLE TITLE NAME BYWATERS.EDWARD R NAME STREET ADDRESS STREET ADDRESS 2900 E. OAKLAND PARK CATY-ST-7/P CITY-ST-ZIP FORT LAUDERDALE FL Change Addition TITLE ☐ Delete TITLE NAME O'NEAL, PATRICK NAME STREET ADDRESS 2900 E. OAKLAND PARK STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT. LAUDERDALE FL Delete TIT! F Change \_\_ Addition TITLE NAME EAKIN-MOODY, HOLLY NAME STREET ADDRESS 2900 E OAKLAND PARK BLVD, #200 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE FL 33306 ☐ Delete ☐ Change ☐ Addition TD TITLE BUCK, DAVID NAME 2900 E OAKLAND PARK BLVD, STE #100- 17/03 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE FL 33306 Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE 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.

<u>. ៤ ម៉ែះ</u>

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: