

# 2000 UNIFORM BUSINESS REPORT (UBR)

AMENDED REPORT 091300

DOCUMENT # 586670

1. Entity Name

LAWRIA CORPORATION

FILED

00 SEP 14 AM 11:28

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

Principal Place of Business

Mailing Address

7260 W. Atlantic Blvd.  
Margate, FL 33063

P.O. Box 934369  
Margate, FL 33093

2. Principal Place of Business

3. Mailing Address

P.O. Box 934369

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Margate, FL

Zip

Country

Zip

33093-4369

Country

Broward

4. FEI Number

59-1847439

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Joel Roth  
7260 West Atlantic Blvd.  
Margate, FL 33063

Name

Alexander Rosenfeld  
Street Address (P.O. Box Number is Not Acceptable)  
18260 NE 19th Ave.

City

North Miami Beach

FL

Zip Code  
33162

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)

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-09/19/00--01033--021

\*\*\*\*\*61.25 \*\*\*\*\*61.25

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back)

☒ xx

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE President-Director ☒ Delete  
NAME Gloria Roth  
STREET ADDRESS 7260 W. Atlantic Blvd.  
CITY-ST-ZIP Margate, FL 33063

TITLE President-Director ☒ Change ☐ Addition  
NAME Joel Roth  
STREET ADDRESS 7260 West Atlantic Blvd.  
CITY-ST-ZIP Margate, FL 33063

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOEL ROTH

6/30/00

Date

954-973-4114

Daytime Phone #

CR2E034 (9/99)

KE