

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F00000000355

1. Entity Name
LA ROUND ROCK CORP.



FILED

03 APR 16 AM 9:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



☐ CHECK HERE IF MAKING CHANGES

Principal Place of Business
C/O JAY FELNER
4182 LIVE OAK BLVD
DELRAY BEACH FL 33445

Mailing Address
C/O JAY FELNER
4182 LIVE OAK BLVD
DELRAY BEACH FL 33445

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 36-4341904

Applied For
Not Applicable

Zip Country

Zip Country

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

FELNER, JAY
4182 LIVE OAK BLVD
DELRAY BEACH FL 33445

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. I am familiar with, and accept the obligations of registered agent.

DELRAY BEACH FL 33445
SIGNATURE

4182 LIVE OAK BLVD
DELRAY BEACH FL 33445

Signature, typed or printed name of registered agent and title if 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

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PT
NAME WAGNER, NATHAN
STREET ADDRESS 600 CENTRAL AVE., SUITE 365
CITY-ST-ZIP HIGHLAND PARK IL 60035

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VD
NAME FELNER, JAY
STREET ADDRESS 50 MAIN STREET, SUITE 435
CITY-ST-ZIP WHITE PLAINS NY 10606

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SCDV
NAME GOLDMAN, ROBERT U
STREET ADDRESS 600 CENTRAL AVENUE, SUITE 365
CITY-ST-ZIP HIGHLAND PARK IL 60035

TITLE SDV
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VD
NAME FELNER, JAY
STREET ADDRESS 4182 LIVE OAK BLVD.
CITY-ST-ZIP DELRAY BEACH FL 33445

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME WAXMAN, CHARLES
STREET ADDRESS 1695 LAKE COOK ROAD, APT. 229
CITY-ST-ZIP HIGHLAND PARK IL 60035

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME WAGNER, NATHAN
STREET ADDRESS 600 CENTRAL AVE., SUITE 365
CITY-ST-ZIP HIGHLAND PARK IL 60035

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE SCDV Robert U. Goldman

3/25/03

(847) 432-3666

600 CENTRAL AVENUE, SUITE 365

Date

Daytime Phone #

0416176 AV

0416176 AV

02(1) 460320