

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F00000003968

1. Entity Name

A.M. LAU INC.

FILED
Jun 26, 2001 8:00 am
Secretary of State

06-26-2001 90006 041 ***550.00

Principal Place of Business

1909 JACQUALINE DR.
PARMA OH 44134

Mailing Address

11218 PRIMROSE CIRCLE
BRADENTON FL

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **34-1649509**

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

LAU, MARK A
11218 PRIMROSE CIRCLE
BRADENTON FL 34202

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	PCTD	<input type="checkbox"/> Delete
NAME	LAU, ALVIN	
STREET ADDRESS	1909 JACQUALINE DR.	
CITY-ST-ZIP	PARMA OH	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	LAU, MARK A	
STREET ADDRESS	1909 JACQUALINE DR.	
CITY-ST-ZIP	PARMA OH	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

WINER & BEVILACQUA, INC.

82 N. MILLER RD. - AKRON, OH 44333

34-1368690

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b) of the 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: *X*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)