

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F26189

1. Entity Name

LASSEVILLE & ASSOCIATES, INC.

FILED
May 02, 2001 8:00 am
Secretary of State

05-02-2001 90137 028 ***150.00



DO NOT WRITE IN THIS SPACE

Principal Place of Business 2460 CORAL WAY MIAMI FL 33145		Mailing Address 2460 CORAL WAY MIAMI FL 33145	
2. Principal Place of Business 1006 S. Greenway Dr.		3. Mailing Address 1006 S. Greenway Dr.	
Suite, Apt. #, etc. -----		Suite, Apt. #, etc. -----	
City & State Coral Gables, Fl.		City & State Coral Gables, Fl.	
Zip 33134	Country U.S.A.	Zip 33134	Country U.S.A.
6. Name and Address of Current Registered Agent ORTEGA, ROBERTO 2307 DOUGLAS RD SUITE #302 MIAMI FL 33145		4. FEI Number 59-2097746 Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>		10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LASSEVILLE, JOHN 2460 CORAL WAY MIAMI FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Lasseville, John 1006 S. Greenway Dr. Coral Gables, Fl. 33134 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD LASSEVILLE, ARACELY 2460 CORAL WAY MIAMI FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD Lasseville, Aracely 1006 S. Greenway Dr. Coral Gables, Fl. 33134 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LASSEVILLE, LESLIE 2460 CORAL WAY MIAMI FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Lasseville, Leslie 1006 S. Greenway Dr. Coral Gables, Fl. 33134 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: <u>Aracely Lasseville</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		PRESIDENT <u>ARACELY LASSEVILLE</u> 4/26/01 (305) 567-9884 <small>Date Daytime Phone #</small>	

UBR2001

CR2E034 (10/00)