2001 UNIFORM BUSINESS REPORT (UBR)

Apr 27, 2001 8:00 am Secretary of State **DOCUMENT # F72429** 1. Entity Name L RA CORPORATION ... 04-27-2001 90289 030 ***150.00 Principal Place of Business Mailing Address C/O RICHARD H. HARRIS & ASSOCIATES C/O RICHARD H. HARRIS & ASSOCIATES 4901 NW 17TH WAY.. STE 406 4901 NW 17TH WAY., STE 406 645771 FT. LAUDERDALE FL 33309 FT. LAUDERDALE FL 33309 HS US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2194348 Not Applicable Zip Country Country **\$8.75** Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WEINBERG, STEVEN Street Address (P.O. Box Number is Not Acceptable) 8000 PETERS RD. PLANTATION FL 33324 City 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. CR2E034 (10/00 ☐ Delete TITLE Change Addition TITLE RAYBIN, LARRY A NAME NAME STREET ADDRESS STREET ADDRESS PO BOX 610341 **MIAMI FL 33261** CITY-ST-7IP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SY-712 TITLE ☐ Delete TLTI F ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS ÇITY-ŞT-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST- ZIP ☐ Delete TITLE ☐ Change Addition ΤΙΊΙΕ 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 attack with all other like empowered.