

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 09, 2002 8:00 am
Secretary of State

05-09-2002 90089 035 ***150.00

DOCUMENT # F72429

1. Entity Name
L RA CORPORATION

Principal Place of Business: **C/O RICHARD H. HARRIS & ASSOCIATES**
4901 NW 17TH WAY., STE 406
FT. LAUDERDALE FL 33309
US

Mailing Address: **C/O RICHARD H. HARRIS & ASSOCIATES**
4901 NW 17TH WAY., STE 406
FT. LAUDERDALE FL 33309
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: **ANDREWS**
40 HARRIS 6400 N AVE

3. Mailing Address: **C/O HARRIS**
6400 N ANDREWS AVE

Suite, Apt. #, etc.: **320**

City & State: **FT LAUDERDALE FL**

4. FEI Number: **59-2194348**

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent:
WEINBERG, STEVEN
~~**8000 PETERS RD:**~~
PLANTATION FL 33324

7. Name and Address of New Registered Agent:
 Name: _____
 Street Address (P.O. Box Number is Not Acceptable): **7805 SW 6TH COURT**
 City: **PLANTATION, FL** Zip Code: **33324**

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. **FILE NOW!!! FEE IS \$150.00**
After May 1, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	D RAYBIN, LARRY A PO BOX 610341 MIAMI FL 33261	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES. RAYBIN, LARRY 2884 TENNIS CLUB DR. WEST PALM BEACH, FL 33417 Apt 300.
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
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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: *Larry Raybin*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **4/20/00** Daytime Phone #: **561-691-6816**

CR2E034 (9/01)