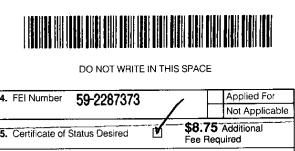
## 2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # F75507 1. Entity Name LAWRENCE FACTOR, INC. Principal Place of Business Mailing Address 4740 NW 157 ST 4740 NW 147 ST MIAMI LAKES FL 33014 MIAMI LAKES FL 33014 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 4 FEI Number City & State City & State 59-2287373 \_Country\_ Zip Country 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name KAPLAN, LAWRENCE Street Address (P.O. Box Number is Not Acceptable) 4740 N W 157TH STREET HIALEAH FL 33014 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) 11. OFFICERS AND DIRECTORS TITLE Delete TITLE KAPLAN, LAWRENCE NAME NAME STREET ADDRESS 900 BAY DR #1001 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI BCH FL 33141 ☐ Delete TITLE TITLE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

## FILED Mar 26, 2001 8:00 am Secretary of State

03-26-2001 90021 011 \*\*\*158.75



Zip Code

FI

DATE Election Campaign Financing \$5.00 May Be Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Change Addition ☐ Change ☐ Addition KOSTICK, JOHN S. NAME NAME 131 NE 172 STR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NO MIAMI BCH FL 33162 CITY-ST-ZIF ☐ Change Addition ☐ Delete TITLE TITLE LAUGHUN, ROBERT M. NAME NAME 18275 SW 29 ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIRAMAR FL 33029 CITY-ST-ZIP Addition ☐ Change TITLE TITLE ☐ Delete CUMMINGS, JUDALINE A. NAME STREET ADDRESS 6890 MCCLELLAN ST STREET ADDRESS HOLLYWOOD FL 33024 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete TITLE ☐ Change TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE 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 attackment with an address, with all other like empowered.