

2001 UNIFORM BUSINESS REPORT (UBR)

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

04-02-2001 90328 001 ***900.00

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1. Entity Name
LADSTOCK SECOND CORPORATION

Principal Place of Business 901 PONCE DE LEON BLVD 7TH FLOOR CORAL GABLES FL 33134 US	Mailing Address 901 PONCE DE LEON BLVD 7TH FLOOR CORAL GBALE S 33134 US
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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 **13-3153590** 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

**UNITED CORPORATE SERVICES INC
 9200 SOUTH DADELAND BLVD.
 SUITE 508
 MIAMI FL 33156-0000**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
DPS	NOBLE, JEREMY MICHAEL	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
MAPLE CT CENTRAL PARK REEDS CRESCENT	WATFORD HE		
V	LIERMAN, E P	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
901 PONCE DE LEON BLVD STE 700	CORAL GABLES FL 33134		
D	BALLINGAL, ROBERT	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
CHANCEL HOUSE NEASDEN LANE	LONDON NW102XE UK		
AT	VESLENO, ERLINDA	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
901 PONCE DE LEON BLVD, STE 700	CORAL GABLES FL		
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<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)(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: *[Signature]* **Paul Lierman, Vice President**

MAR 14 2001

Date Daytime Phone # **305-444-6811**

CRE034 (10/00)