

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G30527

1. Entity Name

L. A. W. DEVELOPMENT, CORP.

FILED
Jan 24, 2001 8:00 am
Secretary of State

01-24-2001 90086 034 ***150.00

Principal Place of Business

Mailing Address

13750 BISCAYNE BLVD.
NORTH MIAMI BEACH FL 33181

13750 BISCAYNE BLVD.
NORTH MIAMI BEACH FL 33181

608117

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

B

302

City & State

City & State

NORTH MIAMI BEACH, FL

HALLANDALE FLORIDA

Zip 33181

Country USA

Zip 33009

Country USA

4. FEI Number 59-2271266

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

FRIEDMAN, HOWARD
11420 WAYNE DR.
COOPER CITY FL 33024

Name

CLAUDETTE WEISER

Street Address (P.O. Box Number is Not Acceptable)

212 THREE ISLANDS BLVD

302

City

HALLANDALE

FL

Zip Code

33009

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

Claudette Weiser

CLAUDETTE WEISER

1-15-2001

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

TITLE ☐ Delete
NAME P
STREET ADDRESS WEISER, LARRY
CITY-ST-ZIP 300 THREE ISLANDS BLVD. APT. #305
HALLANDALE FL 33009

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME S/T
STREET ADDRESS WEISER, CLAUDETTE
CITY-ST-ZIP 455 GOLDEN ISLES DR. APT. #103
HALLANDALE FL 33009

TITLE ☒ Change ☐ Addition
NAME S/T
STREET ADDRESS WEISER, CLAUDETTE
CITY-ST-ZIP 212 THREE ISLANDS BLVD. # 302
HALLANDALE, FL 33009

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Claudette Weiser

CLAUDETTE WEISER

1-15-2001

954 4552159

CR2E034 (10/00)