

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J58156

1. Entity Name

LAKE SAND, INC.

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90119 028 ***150.00

Principal Place of Business	Mailing Address
440 ROYAL PALM WAY SUITE 200 PALM BCH FL 33480 US	440 ROYAL PALM WAY SUITE 200 PALM BCH FL 33480-4142 US

2. Principal Place of Business	3. Mailing Address
505 S. Flagler Drive Suite, Apt. #, etc. Suite 300 City & State West Palm Beach, FL Zip 33401 Country USA	505 S. Flagler Drive Suite, Apt. #, etc. Suite 300 City & State West Palm Beach, FL Zip 33401 Country USA



DO NOT WRITE IN THIS SPACE

4. FEI Number	59-2775532	Applied For
		Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CHOPIN, L. FRANK 440 ROYAL PALM WAY SUITE 200 PALM BCH FL 33480	Name Street Address (P.O. Box Number is Not Acceptable) 505 S. Flagler Drive, Suite 300 City West Palm Beach, FL Zip Code 33401

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
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9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)	<input checked="" type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution.	<input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PSD	TITLE	
NAME	CHOPIN, L. FRANK	NAME	
STREET ADDRESS	440 ROYAL PALM WAY, SUITE 200	STREET ADDRESS	505 S. Flagler Drive, Suite 300
CITY-ST-ZIP	PALM BEACH FL	CITY-ST-ZIP	West Palm Beach, FL 33401
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
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CITY-ST-ZIP		CITY-ST-ZIP	
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 of 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 an other like empowered.

SIGNATURE:		Date	4/25/00	Daytime Phone #	(561) 655-9500
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CR2E034 (9/99)