


**FILED**  
**Apr 30, 2003 8:00 am**  
**Secretary of State**

04-30-2003 90327 035 \*\*\*150.00

**2003 FOR PROFIT CORPORATION  
 UNIFORM BUSINESS REPORT (UBR)**

<b>DOCUMENT # K12887</b> 1. Entity Name <b>LAWBAR INVESTMENTS, INC.</b>														
Principal Place of Business 550 BILTMORE WAY SUITE 1120 CORAL GABLES, FL 33134 US		Mailing Address 550 BILTMORE WAY SUITE 1120 CORAL GABLES, FL 33134 US												
2. Principal Place of Business % SHELDON EVANS P.A. Suite, Apt. #, etc. <b>3074 LAKEWOOD CIR</b> City & State <b>WESTON FL.</b> Zip <b>33332</b> Country		3. Mailing Address % SHELDON EVANS PA Suite, Apt. #, etc. <b>3074 LAKEWOOD CIR</b> City & State <b>WESTON FL</b> Zip <b>33332</b> Country												
4. FEI Number <b>APPLIED FOR</b>		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable												
5. Certificate of Status Desired <input type="checkbox"/>		<input type="checkbox"/> \$8.75 Additional Fee Required												
6. Name and Address of Current Registered Agent <del>WEISENFELD, JOSEPH J</del> <del>550 BILTMORE WAY SUITE 1120</del> <del>CORAL GABLES, FL 33134</del>		7. Name and Address of New Registered Agent Name <b>SHELDON EVANS, ATTY.</b> Street Address (P.O. Box Number is Not Acceptable) <b>3074 LAKEWOOD CIRCLE</b> City <b>WESTON FL</b> Zip Code <b>33332</b>												
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. I am familiar with, and accept the obligations of registered agent. SIGNATURE: <u><i>Sheldon Evans</i></u> DATE: <u>4/28/03</u> <small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when missing)</small>														
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<input type="checkbox"/> \$5.00 May Be Added to Fees												
10. OFFICERS AND DIRECTORS <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;">           TITLE <b>S</b>            NAME <del>WEISENFELD, JOSEPH J</del> <input checked="" type="checkbox"/> Delete            STREET ADDRESS <del>550 BILTMORE WAY SUITE 1120</del>            CITY-ST-ZIP <del>CORAL GABLES, FL 33134</del> </td> <td style="width: 50%; padding: 2px;">           TITLE <b>S</b>            NAME <b>SHELDON EVANS, ATTY.</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition            STREET ADDRESS <b>3074 LAKEWOOD CIRCLE</b>            CITY-ST-ZIP <b>WESTON, FL 33332</b> </td> </tr> <tr><td style="padding: 2px;">TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete</td><td style="padding: 2px;">TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> <tr><td style="padding: 2px;">TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete</td><td style="padding: 2px;">TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> <tr><td style="padding: 2px;">TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete</td><td style="padding: 2px;">TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> <tr><td style="padding: 2px;">TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete</td><td style="padding: 2px;">TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> <tr><td style="padding: 2px;">TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete</td><td style="padding: 2px;">TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> </table>		TITLE <b>S</b> NAME <del>WEISENFELD, JOSEPH J</del> <input checked="" type="checkbox"/> Delete STREET ADDRESS <del>550 BILTMORE WAY SUITE 1120</del> CITY-ST-ZIP <del>CORAL GABLES, FL 33134</del>	TITLE <b>S</b> NAME <b>SHELDON EVANS, ATTY.</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS <b>3074 LAKEWOOD CIRCLE</b> CITY-ST-ZIP <b>WESTON, FL 33332</b>	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	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	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	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <small>CR2EC04 (10/02)</small>
TITLE <b>S</b> NAME <del>WEISENFELD, JOSEPH J</del> <input checked="" type="checkbox"/> Delete STREET ADDRESS <del>550 BILTMORE WAY SUITE 1120</del> CITY-ST-ZIP <del>CORAL GABLES, FL 33134</del>	TITLE <b>S</b> NAME <b>SHELDON EVANS, ATTY.</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS <b>3074 LAKEWOOD CIRCLE</b> CITY-ST-ZIP <b>WESTON, FL 33332</b>													
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													
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													
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													
12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other officers empowered.														
SIGNATURE: <u><i>Sheldon Evans, Secretary</i></u> DATE: <u>4/28/03</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		SHELDON EVANS, SECRETARY												

11030265



CHECK HERE IF MAKING CHANGES