

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2003 8:00 am
Secretary of State

04-18-2003 90158 034 ***150.00

DOCUMENT # L91409

1. Entity Name
FLVA LAUREL REAL ESTATE, INC.



Principal Place of Business
417 E SHERIDAN STREET #129
DANIA BEACH FL 33004-4801
US

Mailing Address
417 E SHERIDAN STREET #129
DANIA BEACH FL 33004-4801
US

2. Principal Place of Business
11767 S.Dixie Hwy

3. Mailing Address
11767 S. Dixie Hwy

Suite, Apt. #, etc. # 115

Suite, Apt. #, etc. # 115

City & State
MIAMI, FLORIDA

City & State
MIAMI, FLORIDA

Zip
33156

Country
USA

Zip
33156

Country
USA

4. FEI Number
65-0212255

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☒ **CHECK HERE IF MAKING CHANGES**

6. Name and Address of Current Registered Agent

DEL VALLE, MILLY
417 E SHERIDAN STREET #129
DANIA FL 33004-4803

7. Name and Address of New Registered Agent

Name
CALLAN, GERDA
Street Address (P.O. Box Number is Not Acceptable)
11767 S. DIXIE HWY
N° 115
City
MIAMI **FL** **Zip Code**
33156

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VTS
DEL VALLE, MILLY ☒ **Delete**
417 E SHERIDAN STREET #129
DANIA FL 33004-4803

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S ☐ **Delete**
CALLAN, GERDA
11767 S DIXIE HWY #115
MIAMI FL 33156

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ **Delete**

TITLE
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☐ **Delete**

TITLE
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CITY-ST-ZIP
☐ **Delete**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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☐ **Change** ☐ **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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Gerda Callan

4/14/03

(305) 261-5573

Date

Daytime Phone #

CR2E034 (10/02)