2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M40803

1. Entity Name

LAD ~~ASSOCIATES~~, INC.

FILED
01 MAY 16 PM 12:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
OLD: 18280-80 W. Dixie Highway N. Miami, FL 33160	19433 NE 38th Ct. Sunny Isles Beach, FL 33160
NEW: 2675 NE 188th Street N. Miami, Florida 33179 Dade	2675 NE 188th Street N. Miami, Florida 33179 Dade

DO NOT WRITE IN THIS SPACE

REINSTATEMENT 00-01

4. FEI Number 592090535 — Applied For / ~~Not Applicable~~

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

6. Name and Address of Current Registered Agent

Wolf, Drew
19433 NE 38th Court
Sunny Isles Beach, FL 33160

7. Name and Address of New Registered Agent

Name: Harvey Scholl, Esq.
Street Address (P.O. Box Number is Not Acceptable): 5295 Town Center Rd. - 3rd Floor
Boca Raton, FL 33486

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 _____ 5/15/01 DATE LS

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

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	XXXXXXXXXX PD Wolf, Drew 19433 NE 38th Court Sunny Isles, FL 33160	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 300004275683--0 -05/22/01--01028--015
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Wolf, Gretchen 19433 NE 38th Court Sunny Isles Beach, FL 33160	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	****900.00 ☐ Change ☐ Addition 300004275683--0 -05/22/01--01028--015
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (11/00)

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: Drew Wolf Drew Wolf, Pres. 5/15/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #