

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 20, 2003 8:00 am**  
**Secretary of State**

03-20-2003 90099 025 \*\*\*150.00

**DOCUMENT # M43222**

1. Entity Name  
**L.A.V. ENTERPRISES, INC.**



Principal Place of Business  
**5300 SW 29TH AVE  
FT LAUDERDALE FL 33312**

Mailing Address  
**5300 SW 29TH AVE  
FT LAUDERDALE FL 33312**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-2744503**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**VEILLEUX, LUC ANDRE  
5300 SW 29TH AVENUE  
FT LAUDERDALE FL 33312**

7. Name and Address of New Registered Agent

Name

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

City

**FL**

Zip Code

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 **PD** ☐ Delete  
NAME **VEILLEUX, LUC ANDRE**  
STREET ADDRESS **5300 SW 29 AVE**  
CITY-ST-ZIP **FT LAUDERDALE FL**

TITLE **VP** ☐ Delete  
NAME **VEILLEUX, DANIEL**  
STREET ADDRESS **5300 SE 29TH AVE**  
CITY-ST-ZIP **FT LAUDERDALE FL**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P.D** ☒ Change ☐ Addition  
NAME **VEILLEUX, DANIEL**  
STREET ADDRESS **5300 S.W. 29TH AVE.**  
CITY-ST-ZIP **FT-LAUDERDALE FL**

TITLE **VP** ☒ Change ☐ Addition  
NAME **VEILLEUX, LUC ANDRE**  
STREET ADDRESS **5300 S.W. 29TH AVE.**  
CITY-ST-ZIP **FORT-LAUDERDALE FL.**

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

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

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

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

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 like empowered.

**DANIEL VEILLEUX**

**954-964-9806**

**SIGNATURE: SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **MARCH 17, 2003** Daytime Phone #

CR2E034 (10/02)