

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Mar 19, 2001 8:00 am
Secretary of State

03-19-2001 90469 023 ***150.00

DOCUMENT # M96900

1. Entity Name
LAUDERDALE INDUSTRIAL AREAS, INC.

Principal Place of Business Mailing Address
C/O WILLIAM P. SKLAR 901 W 777 S FLAGLER DR #202 PHILLIPS PT E-TWR WEST PALM BEACH FL 33401
C/O WILLIAM P. SKLAR 901 W 777 S FLAGLER DR #202 PHILLIPS PT E-TWR WEST PALM BEACH FL 33401

CU035078



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 65-0082079		Applied For	
Suite, Apt. #, etc. 901 West		Suite, Apt. #, etc. 901 West				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
SKLAR, WILLIAM P. 777 S. FLAGLER DRIVE #202 PHILLIPS POINT EAST-TOWER WEST PALM BEACH FL 33401				Name Street Address (P.O. Box Number is Not Acceptable) 777 S. Flagler Drive #901 Phillips Point West + Tower 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 *William P. Sklar* DATE 3-10-01
(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) <input checked="" type="checkbox"/>	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. <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 NAME STREET ADDRESS CITY-ST-ZIP	D SKLAR, WILLIAM P. 777 S. FLAGLER DR. #202 W. PALM BCH FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 777 S. Flagler Drive, Ste 901 West West Palm Beach, FL 33401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SKLAR, LEONARD E. 3401 N COUNTRY CLUB DR AVENTURA FL 33080 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 777 S. Flagler Drive, Ste 901 West West Palm Beach, FL 33401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SKLAR, HOWARD 3400 JOHN ANDERSON DR. ORMOND BCH FL 32176 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 777 S. Flagler Drive, Ste 901 West West Palm Beach, FL 33401
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

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 an other like empowered.

SIGNATURE: *William P. Sklar* DATE 3-10-01 DAYTIME PHONE # 561-655-8350

CR2E034 (10/00)