

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000002754

1. Entity Name

THE LA SALLE, INC.

Principal Place of Business

323 S FEDERAL HWY
UNIT #5
LAKE WORTH FL 33460

Mailing Address

323 S FEDERAL HWY
UNIT #5
LAKE WORTH FL 33460-4656

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2535560

Applied For

Not Applied

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HERNANDEZ, ISABEL
323 S FEDERAL HIGHWAY #9
LAKE WORTH FL 33460

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.

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 \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☐ Delete
NAME NIEMI, MATT
STREET ADDRESS 323 S FEDERAL HWY
CITY-ST-ZIP LAKE WORTH FL 33460

TITLE D ☐ Delete
NAME DIMILO, MICHELE
STREET ADDRESS 323 S FEDERAL HWY
CITY-ST-ZIP LAKE WORTH FL 33460

TITLE D ☐ Delete
NAME HERNANDEZ, ISABEL
STREET ADDRESS 323 S FEDERAL HWY #9
CITY-ST-ZIP LAKE WORTH FL 33460

TITLE D ☐ Delete
NAME NELSON, RAAKEL
STREET ADDRESS 323 S FEDERAL HWY
CITY-ST-ZIP LAKE WORTH FL 33460

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Add

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Add

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CITY-ST-ZIP

TITLE ☐ Change ☐ Add

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 617, 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.

SIGNATURE:

Isabel Hernandez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/18/2000
Date

Date

Daytime Phone #

FILED
Jan 25, 2000 8:00 am
Secretary of State

01-25-2000 90069 018 ****61.25

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DO NOT WRITE IN THIS SPACE