

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000002754

1. Entity Name

THE LA SALLE, INC.

FILED
Jan 26, 2001 8:00 am
Secretary of State

01-26-2001 90036 025 ****61.25

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2535560

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

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

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.

SIGNATURE

ISABEL HERNANDEZ

Isabel Hernandez

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

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)