2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2003 8:00 am
Secretary of State
01-21-2003 90130 005 ****61.25

DOCUMENT # N97000002754

1. Entity Name
THE LA SALLE, INC.

Principal Place of Business	Mailing Address
323 S FEDERL HWY UNIT #5 LAKE WORTH FL 33460	323 S FEDERL 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

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-2535560 ☐ Applied For ☐ Not Applicable

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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE 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 Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D NIEMI, MATT 323 S FEDERL HWY LAKE WORTH FL 33460	☑ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DIMILO, MICHELE 323 S FEDERL 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 FEDERL HWY LAKE WORTH FL 33460	☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Do Not Delete	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/02)

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 Michele Di Milo
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #