

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000002790

1. Entity Name  
LA LOR DECOR, INC.



Principal Place of Business  
~~2781 OCEAN CLUB BLVD #304~~  
~~HOLLYWOOD FL 33019~~

Mailing Address  
~~2781 OCEAN CLUB BLVD #304~~  
~~HOLLYWOOD FL 33019~~

2. Principal Place of Business  
**353 WEST 47TH ST**  
Suite, Apt. #, etc.  
**7H**

3. Mailing Address  
**353 WEST 47TH ST**  
Suite, Apt. #, etc.  
**7H**

City & State  
**MIAMI BEACH, FL**  
Zip  
**33140**  
Country  
**U.S.**

City & State  
**MIAMI BEACH, FL**  
Zip  
**33140**  
Country  
**US**

4. FEI Number  
**P 00000002790**

☒ Applied For  
☐ Not Applicable

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

~~ALTMAN LAUREN D~~  
~~2781 OCEAN CLUB BLVD #304~~  
~~HOLLYWOOD FL 33019~~

**353 W. 47TH ST APT 7H**  
**MIAMI BCH, FL 33140**

Name **ALTMAN, LAUREN**  
Street Address (P.O. Box Number is Not Acceptable)  
**353 WEST 47TH ST APT 7H**  
City **MIAMI BCH** FL Zip Code **33140**

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

*San Altman*

**4/25/01**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**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. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>ALTMAN, LAUREN D</b>	
STREET ADDRESS	<b>2781 OCEAN CLUB BLVD #304</b>	
CITY-ST-ZIP	<b>HOLLYWOOD FL 33019</b>	
TITLE	<b>ALTMAN, LAUREN D</b>	<input type="checkbox"/> Delete
NAME	<b>353 WEST 47TH ST APT 7H</b>	
STREET ADDRESS	<b>MIAMI BCH, FL 33140</b>	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 all other like empowered.

SIGNATURE:

*San Altman*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/25/01**

Date

**305-573-6900**

Daytime Phone #

CR2E034 (10/00)

FILED  
Jun 20, 2001 8:00 am  
Secretary of State

05-02-2001 90137 036 \*\*\*150.00



DO NOT WRITE IN THIS SPACE