

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 22, 2001 8:00 am**  
**Secretary of State**

05-22-2001 90029 045 \*\*\*150.00

**DOCUMENT #** P00000004500  
**1. Entity Name** Lasserre & Associates Realty, Inc.

**Principal Place of Business** Mailing Address same  
 4040 W. Waters Ave #1800  
 Tpa, fl 33614-1974

**2. Principal Place of Business** 3911 W. Waters Ave  
 Suite, Apt. #, etc. 9

**3. Mailing Address** 3911 W. Waters Ave  
 Suite, Apt. #, etc. 9

**City & State** Tampa, fl  
**Zip** 33614-1950 **Country** USA

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**4. FEI Number** 59-3618433  
 Applied For Not Applicable

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

659356

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**  
 Olivia Mills  
 4123 Henderson Blvd  
 Tpa, fl 33629

**7. Name and Address of New Registered Agent**  
 Name Martha M. Lasserre  
 Street Address (P.O. Box Number is Not Acceptable)  
 3911 W. Waters Ave # 9  
 City Tampa FL Zip Code 33614-1950

**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** Martha M. Lasserre **DATE** 4/30/01  
Signature, typed or printed name of registered agent and title if applicable. (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)

**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 NAME D STREET ADDRESS CITY-ST-ZIP	Martha M. Lasserre 4040 W. Waters Ave #9 Tpa, fl 33614-1974 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME D STREET ADDRESS CITY-ST-ZIP	Martha M. Lasserre 3911 W. Waters Ave #1800 Tampa, fl 33614-1950 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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**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:** Martha M. Lasserre **DATE:** 4/30/01 **PHONE:** 813 806-2828  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (1/1/00)