

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 23, 2001 8:00 am**  
**Secretary of State**

04-23-2001 90247 036 \*\*\*150.00

**DOCUMENT # P00000007443**

1. Entity Name  
**LAP ENTERPRISES, INC.**

Principal Place of Business

5512 W 27TH AVE  
 HIALEAH FL 33016

Mailing Address

5512 W 27TH AVE  
 HIALEAH FL 33016

2. Principal Place of Business

**4355 W 16 AVE**  
 Suite, Apt. #, etc.  
**200B**

3. Mailing Address

**14501 SW 37 ST**  
 Suite, Apt. #, etc.

City & State  
**Hialeah, FL**

City & State  
**Hirammar, FL**

4. FEI Number  
**65-1010091**

Applied For  
 Not Applicable

Zip  
**33012**

Country  
**DADE**

Zip  
**33027**

Country  
**BROWARD**

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

**EISLER, MICHAEL J**  
**SPIELER & ASSOCIATES, P.A.**  
**4700 BISCAYNE BLVD, SUITE 200**  
**MIAMI FL 33137**

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>PEREZ, LUIS A</b> <b>5512 W 27TH AVE</b> <b>HIALEAH FL 33016</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Luis Perez*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **4/10/01** Daytime Phone #: **305-785-8962**  
**305-827-7159**

CR2E034 (10/00)



DO NOT WRITE IN THIS SPACE