

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Sep 09, 2001 08:00 AM**
Secretary of State**DOCUMENT # P00000016418**1. Entity Name
LAU HITTING, INC.**Principal Place of Business**19200 NE 25TH AVENUE
APARTMENT #324
MIAMI
33180

FL

Mailing Address19200 NE 25TH AVENUE
APARTMENT #324
MIAMI
33180

FL

2. Principal Place of Business
841 E. CYPRESS POINTE DRIVE3. Mailing Address
841 E. CYPRESS POINTE DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
PEMBROKE PINES

FL

City & State
PEMBROKE PINES

FL

4. FEI Number

Applied For

☒ Not ApplicableZip
33027

Country

Zip
33027

Country

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required**6. Name and Address of Current Registered Agent**RUSU LISA A
19200 NE 25TH AVENUE
APARTMENT #324
MIAMI
33180

FL

7. Name and Address of New Registered Agent

Name

LAU LISA A

Street Address (P.O. Box Number is Not Acceptable)
841 E. CYPRESS POINTE DRIVECity
PEMBROKE PINES

FL

Zip Code
33027

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 **LISA A. LAU****09/09/2001**

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

(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**TITLE D ☐ Delete
NAME RUSU LISA A
STREET ADDRESS 19200 NE 25TH AVENUE
CITY-ST-ZIP MIAMI FL 33180TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE MR. ☒ Change ☐ Addition
NAME LAU CHARLES RJR.
STREET ADDRESS 841 E. CYPRESS POINTE DRIVE
CITY-ST-ZIP PEMBROKE PINES FL 3302TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ 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: Charley Lau, Jr.

Mr.

09/09/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)