

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 01, 2002 8:00 am
Secretary of State

05-01-2002 91516 024 ***150.00

DOCUMENT # P00000Q88290

1. Entity Name

L A P MONOFILAMENTS, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

100 North Biscayne Blvd

3. Mailing Address

100 North Biscayne Blvd

Suite, Apt. #, etc.
Suite 2600

Suite, Apt. #, etc.
Suite 2600

DO NOT WRITE IN THIS SPACE

City & State
Miami, FL

City & State
Miami, FL

4. FEI Number
65-1091969

Applied For
Not Apply

Zip
33132

Country
USA

Zip
33132

Country
USA

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

David J. Hart

Street Address (P.O. Box Number is Not Acceptable)

100 North Biscayne Blvd

Suite 2600

City

Miami,

FL

Zip Code
33132

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

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)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 STREET ADDRESS CITY-ST-ZIP	D LUIS ANGEL PEREZ 100 North Biscayne Blvd, Ste 2600 Miami, FL 33132	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Luis Angel Perez

4-18-02 (205) 599-2888