

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2001 8:00 am
Secretary of State

05-17-2001 91287 023 ***150.00

DOCUMENT# P00000106971

1. Entity Name

LASER QUARRY, INC.

Principal Place of Business Mailing Address
 257 Spoonhill Lane North 257 Spoonhill Lane North
 Jupiter, Fl 33458 Jupiter, Fl 33458

2. Principal Place of Business 3. Mailing Address
 257 Spoonbill Lane No. 257 Spoonbill Lane No.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Jupiter, Fl

Jupiter, Fl

Zip
 33458

Country

US

Zip
 33458

Country

US

4. FEI Number

65-0156727

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE

A0067728

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Spiegel & Utrera, PA
 343 Almeria Avenue
 Coral Gables, Fl 33134

Name
 Liliam D. Ubilla

Street Address (P.O. Box Number is Not Acceptable)
 257 Spoonbill Lane No.

City
 Jupiter

FL Zip Code
 33458

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 *Liliam D. Ubilla*

Liliam D. Ubilla (NOTE: Registered Agent signature required when reinstating)

President 4/26/01

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 PSTD Liliam D. Ubilla ☐ Delete
 NAME 257 Spoonhill Lane No.
 STREET ADDRESS Jupiter, Fl 33458
 CITY-ST-ZIP

TITLE PSTD ☒ Change ☐ Addition
 NAME Liliam D. Ubilla
 STREET ADDRESS 257 Spoonbill Lane No.
 CITY-ST-ZIP Jupiter, Fl 33458

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
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TITLE ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Liliam D. Ubilla

Date

4/26/01

Daytime Phone #

(561) 575-3075

CR2E034 (11/00)