FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

200

FILED Apr 29, 2003 8:00 am Secretary of State

04-29-2003 90073 048 ***150.00

DOCUMENT#

1. Entity Name

P00000106971

Laser Quarry, Inc.

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ATTENDED	DO NOT WRITE	IN THIS	SPACE		
Maria Cara Cara Cara Cara Cara Cara Cara			est. The	THE STATE OF THE S	
2 Principal F	Place of Business	3. Mailing Address	中国大学中国(1967年1967年1967年1967年1967年1967年1967年1967年		
	Canterbury Ct.	448 NW Canterbury Ct.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE	
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City & State				4. FEI Number	Applied For
	St. Lucie,FL			650156727	Not Applicable
34983	St. Lucie	34983	St. Lucie	5. Certificate of Status Desired	\$8.75 Additional Fee Required
		The second of th		7. Name and Address of Current Registere	d Agent
			Liliam Liliam	D. Ubi-l-la	
	DO NOT W		Street Address 448 NW	(P.O. Box Number is Not Acceptable)	
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		the purpose of changing	g its registered office or registe	ered agent, or both, in the State of Florida. I am	familiar with, and accept
the obliga	tions of registered agent.				
CICNIATUDE					j
SIGNATURE	Signature, typed or printed name of registered agent a	nd title if applicable.	NOTE: Registered Agent signature require	ed when reinstating) DATE	
j, Ja	nuary 1 - May 1 Fee is \$150.00			9. Election Campaign Financing	\$5,00 May Be
	After May 1, Fee is \$550.00 Amended UBR is \$61.25			Trust Fund Contribution.	Added to Fees
the feet of the latest and the	k Payable to Florida Department of	Section of the sectio			
10.	OFFICERS AND I	DIRECTORS	Chief and Arthur (Sp. Santa) (Sp. 499)		
TITLE	Liliam D. Ubilla		TITLE	With the second second	
NAME CERTET ADDRESS	448 NW Canterbury	Ct.	NAME STREET ADDRESS		
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12. 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 12 or on an attachment with an address, with all other like empowered.

NAME

STREET ADDRESS

SIGNATURE:

NAME STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

V 4/25 / 0.3

Date Daytime Phone #