

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2002 8:00 am
Secretary of State
 03-24-2002 90063 039 ***158.75

DOCUMENT # P00000110912
1. Entity Name
 LAS OLAS RIVER HOUSE CORP.

Principal Place of Business
 C/O GUNSTER, YOAKLEY & STEWART, P.A.
 500 E BROWARD BLVD. STE 1400
 FT LAUDERDALE FL 33394

Mailing Address
 C/O GUNSTER, YOAKLEY & STEWART, P.A.
 500 E BROWARD BLVD. STE 1400
 FT LAUDERDALE FL 33394



2. Principal Place of Business
 200 EAST LAS OLAS
 Suite, Apt. #, etc.
 1660
 City & State
 FORT LAUDERDALE, FL
 Zip
 33301
 Country
 USA

3. Mailing Address
 200 EAST LAS OLAS
 Suite, Apt. #, etc.
 SUITE 1660
 City & State
 FORT LAUDERDALE, FL
 Zip
 33301
 Country
 USA

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
 VALDES FAULI CORPORATE SERVICES, INC.
 500 E BROWARD BLVD, STE 1400
 FT LAUDERDALE FL 33394

4. FEI Number 65-1064888
 Applied For
 Not Applicable

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

7. Name and Address of New Registered Agent
 Name
 DOUGLAS K BISCHOFF, ESQ.
 Street Address (P.O. Box Number is Not Acceptable)
 200 EAST LAS OLAS BLVD SUITE 1660
 City
 FT. LAUDERDALE
 FL
 Zip Code
 33301

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]* **2/25/02**
 Signature, typed or printed name of registered agent, and 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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTSD ZIPES, RICHARD D C/O 500 E BROWARD BLVD STE 1400 FT LAUDERDALE FL 33394 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTSD ZIPES, RICHARD D 200 EAST LAS OLAS BLVD, SUITE 1660 FORT LAUDERDALE, FL 33301 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FRIEDMAN, WILLIAM S C/O 500 E BROWARD BLVD STE 1400 FT LAUDERDALE FL 33394 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FRIEDMAN, WILLIAM S 200 EAST LAS OLAS BLVD, SUITE 1660 FORT LAUDERDALE, FL 33301 <input checked="" 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: *[Signature]* **2/25/02** **454-712-2755**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)