

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

FILED
May 07, 2002 8:00 am
Secretary of State
05-07-2002 90231 033 ***158.75

DOCUMENT # *P01000055602*

1. Entity Name *L & A Carrier Corp.*

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3301 SW 36 ST

Suite, Apt. #, etc.

3. Mailing Address

3301 SW 36 ST

Suite, Apt. #, etc.

City & State

Hollywood FL

City & State

Hollywood FL

Zip

33023

Country

USA

Zip

33023

Country

USA

4. FEI Number

65-1109682

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name *Lloyd O'Sullivan*

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

3301 S.W 36 ST

City *Hollywood*

FL

Zip Code

33023

**DO NOT WRITE
IN THIS SPACE**

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 *Lloyd O'Sullivan (President)*
NAME
STREET ADDRESS *3301 SW 36 ST*
CITY-ST-ZIP *Hollywood FL 33023*

TITLE *Angella O'Sullivan (Vice-President)*
NAME
STREET ADDRESS *3301 SW 36 ST*
CITY-ST-ZIP *Hollywood FL 33023*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

CR2E034B (12/01)

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: *Angella O'Sullivan*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/02

Date

(954) 894-0320

Daytime Phone #