

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90150 028 ***150.00

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DOCUMENT # P01000111600

1. Entity Name
LATAIF & ASSOCIATES, PA



Principal Place of Business
5100 NORTH FEDERAL HWY. #202
FT LAUDERDALE FL 33308

Mailing Address
5100 NORTH FEDERAL HWY. #202
FT LAUDERDALE FL 33308

2. Principal Place of Business
5100 N. Federal Hwy
Suite, Apt. #, etc.
Suite 202

3. Mailing Address
5100 N. Federal Hwy.
Suite, Apt. #, etc.
Suite 202

City & State
Ft. Lauderdale, FL

City & State
Ft. Lauderdale, FL

Zip Country
33308 USA

Zip Country
33308 USA

4. FEI Number
75-3059197

Applied For
Not Applicable

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

☒ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

LATAIF, LAWRENCE P
5100 NORTH FEDERAL HWY #202
FT LAUDERDALE FL 33308

7. Name and Address of New Registered Agent

Name
Lawrence P. Lataif
Street Address (P.O. Box Number is Not Acceptable)
5100 N. Federal Hwy.
Suite 202
City
Ft. Lauderdale **FL** Zip Code
33308

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE LAWRENCE P. LATAIF
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President LAWRENCE P. LATAIF 3 Saranac Rd. Ft. Lauderdale, FL 33308	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition

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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Lawrence P. Lataif
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-03

Date Daytime Phone #

CR2E034 (10/02)