

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90142 026 ***150.00

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DOCUMENT # P02000020655



1. Entity Name
BENJAMIN P. LAP, P.A.

Principal Place of Business
**101 SE 3RD AVENUE
SUITE 1500
FORT LAUDERDALE FL 33301**

Mailing Address
**101 SE 3RD AVENUE
SUITE 1500
FORT LAUDERDALE FL 33301**



2. Principal Place of Business
101 NE 3rd Avenue

3. Mailing Address
101 NE 3rd Avenue

Suite, Apt. #, etc.
Suite 1500

Suite, Apt. #, etc.
Suite 1500

City & State
Ft. Lauderdale FL

City & State
Ft. Lauderdale FL

4. FEI Number
030385063

Applied For
 Not Applicable

Zip Country
33301 USA

Zip Country
33301 USA

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

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**LAP, BENJAMIN P
101 SE 3RD AVENUE
SUITE 1500
FORT LAUDERDALE FL 33301**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	LAP, BENJAMIN P	
STREET ADDRESS	101 SE 3RD AVENUE #1500	
CITY-ST-ZIP	FORT LAUDERDALE FL 33301	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **April 21, 2003** Daytime Phone # **754 5234096**

CR2E034 (10/02)