


FILED
May 05, 2003 8:00 am
Secretary of State

04-10-2003 90092 001 ***150.00

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**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P02000077967			
1. Entity Name LAS OLAS FIRST DEVELOPMENT CORP.			
Principal Place of Business 2875 NE 191ST ST. AVENTURA FL 33180		Mailing Address 2875 NE 191ST ST. AVENTURA FL 33180	
2. Principal Place of Business 2875 N.E. 191st. street Suite, Apt. #, etc. Suite 400A City & State Aventura, FL Zip 33180 Country USA		3. Mailing Address 2875 N.E. 191st. street Suite, Apt. #, etc. Suite 400A City & State Aventura, FL Zip 33180 Country USA	
		<input type="checkbox"/> CHECK HERE IF MAKING CHANGES	
4. FEI Number 13-4204696		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WEALCATCH, MATTHEW B ESQ. 2875 NE 191ST ST. AVENTURA FL 33180		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> 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. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WEINSTEIN, RICARDO 2875 NE 191ST ST. AVENTURA FL 33180 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 10 or Block 11 if changed, or on an attachment with an address, with a power of attorney.			
SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		SIGNATURE REQUIRED Ricardo Dimal (Director) 4/7/03 205-935-6985 Date Daytime Phone #	

CR2E034 (10/02)