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

DOCUMENT #P02000081068

1. Entity Name



## **FILED** Apr 07, 2003 8:00 am Secretary of State

04-07-2003 90969 015 \*\*\*150.00

J.D. & L.A.W., INC.						
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2. Principal Place of Business		3. Mailing Address				
3875-3879 N.W. 19TH STREET		SAME				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE		
City & State  LAUDERDALE LAKES, FL		City & State		4. FEI Number		
Zip 33311	Country <b>USA</b>	Zip	Country		5. Certificate of Status Desired	\$8.75 Additional Fee Required
e ga e e e e e e e e e e		<del>, , , , , , , , , , , , , , , , , , , </del>	0		7. Name and Address of Current Registere	d Agent
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Marin San San Albanda San San San San San San San San San San	IN THIS SP	ACE	-10	<del>UU   14.W.</del>	_50TH_STREET, SUITE-204	
			Cit		FL	Zip Code
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	ions of registered agent.	The purpose of changi		ice or registere	agent, or both, in the state of honoa. Falli	ianiliai wilii, and accept
	era tij sji aj aj aj a					
SIGNATURE .	Signature, typed or printed name of registered agent a	and table if another bloom	(NOTE: Registered Agent		when reinstating) DATE	
January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State					Election Campaign Financing     Trust Fund Contribution.	\$5.00 May Be Added to Fees
10.	OFFICERS AND			T S what have True a		an a min managhar water a sa s
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NAME	LIESEL WOLFER		NAME.	no al Joseph		Columbia de de la Columbia
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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 on an attachment with an address, with all other like empowered.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE

STREET ADDRESS

CITY-ST-ZIP

✓LIESEL WOLFER.

ME OF SIGNING OFFICER OR DIRECTOR

<u>954-3</u>16-8353

CR2E034B (12/02)