

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

**FILED**  
**May 01, 2002 8:00 am**  
**Secretary of State**

05-01-2002 91561 035 \*\*\*150.00

DOCUMENT # P93000022946

1. Entity Name

L.A. BUILDERS, INC.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

1801 N. ROOSEVELT BLVD.

Suite, Apt. #, etc.

T8

City & State

KEY WEST

FL

Zip

33040-3675

Country

U.S.A.

3. Mailing Address

1801 N. ROOSEVELT BLVD.

Suite, Apt. #, etc.

T8

City & State

KEY WEST

FL

Zip

33040-3675

Country

U.S.A.

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0408444

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

LAWRENCE A. POTALIVO

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

1801 N. ROOSEVELT BLVD., T8

City

KEY WEST

FL

Zip Code

33040-3675

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

LAWRENCE A. POTALIVO, PRESIDENT

4/17/02

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	NAME	STREET ADDRESS	CITY-STATE-ZIP
DP	POTALIVO, LAWRENCE A.	1801 N. ROOSEVELT BLVD., T8	KEY WEST FL 33040-3675
	POTALIVO, DEBORAH L.	1801 N. ROOSEVELT BLVD., T8	KEY WEST FL 33040-3675

**DO NOT WRITE  
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:

L.A. POTALIVO

4/17/02

305-296-9600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)