2000 UNIFORM BUSINESS REPORT (UBR)

Jan 29, 2000 8:00 am Secretary of State DOCUMENT # **P93000046625** 01-29-2000 90104 046 ***150.00 LAVIOLA SOUTH, INC. Principal Place of Business Mailing Address 7050 WEST PALMETTO PARK RD. 7050 WEST PALMETTO PARK RD. BOCA RATON FL 33433-3426 **BOCA RATON FL 33433** 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State Applied For 4. FEI Number City & State 65-043 1609 Not 4 Zip Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name RABUNSKI, JAY & TOVA Street Address (P.O. Box Number is Not Acceptable) 7028 MONTRICO DR. **BOCA RATON FL 33433** Zip Code Cítv 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. (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. Director X Change TITLE ☐ Delete TITLE NAME NAME RABUNSKI, JAY Jay Rabunski STREET ADDRESS STREET ADDRESS 7028 MONTRICO DRIVE 7028 Montrico Drive CITY-ST-ZIP Boca Raton, FL 33433 CITY-ST-ZIP **BOCA RATON FL 33433** Director ☐ Change **K**1 ☐ Delete TITLE TITLE Tova Rabunski NAME 7028 Montrico Drive STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Boca Raton, FL 33433 CITY-ST-ZIP - - Change -ر . . ه . **. ر** TITLE . TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP \Box :::: TITLE ☐ Delete ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete TITI F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. Thereby 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 supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the

like empowered.

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 12 changed, or on an attachment with an address, with all other like empowered.

LE OF SIGNING OFFICER OR DIRECTOR SIGNATURE AND TYPED OR PR

FILED