

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0049880 AV

DOCUMENT # P94000022392

1. Entity Name
LAAMAK, INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 SEP 25 AM 8:00

REINSTATEMENT

02-03



Principal Place of Business
1800 S.W. 68TH AVE.
PLANTATION FL 33317

Mailing Address
1800 S.W. 68TH AVE.
PLANTATION FL 33317

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

MRS

4. FEI Number 65-0555886

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WALKER, CHRISTOPHER
1800 S.W. 68TH AVE.
PLANTATION FL 33317

Name DANIEL W. NALL

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

City CORAL GABLES

FL

Zip Code 33134

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 *[Signature]*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9-10-3

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 ☒ Delete
NAME AZAN, KAMAAL
STREET ADDRESS 1800 S.W. 68TH AVE.
CITY-ST-ZIP PLANTATION FL 33317

TITLE D ☐ Change ☒ Addition
NAME ZURAIK, KATHLEEN
STREET ADDRESS 350 POINCIANA ISLAND
CITY-ST-ZIP SUNNY ISLES, FLORIDA 33160

TITLE ST ☐ Delete
NAME WALKER, BEVERLY
STREET ADDRESS 1800 SW 68TH AVE
CITY-ST-ZIP FORT LAUDERDALE FL 33317

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/27/03

Date

Daytime Phone #

CR2E034 (10/02)