

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90029 045 ***150.00

DOCUMENT # **P94000052364** 00 059 00 059

1. Entity Name: **L & A NORTHEAST PROPERTIES, INC.** ✓

Principal Place of Business: **14411 NW 13TH RD MIAMI FL 33167 US**

Mailing Address: **14411 NW 13TH RD MIAMI FL 33167-1110 US**

2. Principal Place of Business: _____

3. Mailing Address: _____

Suite, Apt. #, etc.: _____

City & State: _____

Zip: _____ Country: _____



DO NOT WRITE IN THIS SPACE

4. FEI Number: **65-0515911** ✓

Applied For: Not Applicable:

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

6. Name and Address of Current Registered Agent: **FENBERG, JEFFREY 4651 SHERIDAN ST SUITE 300 HOLLYWOOD FL 33021**

7. Name and Address of New Registered Agent: _____

Name: _____

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

City: _____ State: **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.

SIGNATURE: _____ (NOTE: Registered Agent signature required when re-stating) DATE: _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: D	NEMBARD, LURLINE <input type="checkbox"/> Delete	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS: 14411 NW 13TH RD	MIAMI FL	NAME: _____	STREET ADDRESS: _____
CITY-ST-ZIP: MIAMI FL		CITY-ST-ZIP: _____	
TITLE: D	WRIGHT, ANTHONY <input type="checkbox"/> Delete	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS: 14411 NW 13TH RD	MIAMI FL	NAME: _____	STREET ADDRESS: _____
CITY-ST-ZIP: MIAMI FL		CITY-ST-ZIP: _____	
TITLE: _____	<input type="checkbox"/> Delete	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME: _____		NAME: _____	STREET ADDRESS: _____
STREET ADDRESS: _____		STREET ADDRESS: _____	CITY-ST-ZIP: _____
CITY-ST-ZIP: _____		TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: _____	<input type="checkbox"/> Delete	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME: _____		NAME: _____	STREET ADDRESS: _____
STREET ADDRESS: _____		STREET ADDRESS: _____	CITY-ST-ZIP: _____
CITY-ST-ZIP: _____		TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: _____	<input type="checkbox"/> Delete	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME: _____		NAME: _____	STREET ADDRESS: _____
STREET ADDRESS: _____		STREET ADDRESS: _____	CITY-ST-ZIP: _____
CITY-ST-ZIP: _____			

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Lurline Nembard* **LURLINE NEMBARD** 4/4/00 (305) 686-4582

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **Lurline Nembard** Date: _____ District Phone #: _____