2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P9400063540 14TH STREET - 400, INC. Principal Place of Business Mailing Address 902 N.E. 1ST ST. 902 N.E. 1ST ST. POMPANO BEACH FL 33060 POMPANO BEACH FL 33060-6339

3. Mailing Address

FILED May 26, 2000 8:00 am Secretary of State

05-26-2000 90096 039 ***150.00



Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE			
City & State		City & State	City & State		4. FEI Number 65-0520296		Applied For Not Applicable	
Zip	Country	Zip	Country	5. (75 Additional Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent				
		Name						
LACE 902 I POM		Street Addres	Street Address (P.O. Box Number is Not Acceptable)					
			City		FL	Zip Co	de	
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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE								
Tax filing re	oration is eligible to satisfy its Intangible equirement and elects to do so.	After MAY 1, 2000	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of Sta		10. Election Campaign Financing Trust Fund Contribution.		00 May Be ed to Fees	
11.	OFFICERS AND	DIRECTORS	12.	AD	DITIONS/CHANGES TO OFFICERS AND D	IRECTO	RS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD LACERTE, JEAN-LOUIS 902 N.E. 1ST ST. POMPANO BEACH FL 33060	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			_ Change	☐ Addition :	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TOME AND BEAGINE SIGNA	☐ Delete	TITLE NAME STREET ADDRESS CITY-SI-ZIP			_ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME -STREET-ADDRESS			Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		. [] Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Section	119 07(3)(i) Florida Statutes, Uturther certify	Change		

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:

2. Principal Place of Business