

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2003 8:00 am
Secretary of State

03-28-2003 90093 040 ***150.00

DOCUMENT # P95000000449

1. Entity Name
LALANDE FINANCIAL GROUP, INC.



Principal Place of Business
730 NW 107TH AVENUE
2ND FLOOR
MIAMI FL 33172

Mailing Address
730 NW 107TH AVENUE
2ND FLOOR
MIAMI FL 33172

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
65-0544438

Applied For

Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

Name

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

City

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. I am familiar with, and accept the obligations of registration.

SIGNATURE

Signature, typed or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **JOHNSTON, MICHAEL S**
STREET ADDRESS **730 NW 107TH AVE**
CITY-ST-ZIP **MIAMI FL 33172**

TITLE **C** ☒ Change ☐ Addition
NAME **ANDERSON, GLENN W**
STREET ADDRESS **500 COMMERCE STREET**
CITY-ST-ZIP **FORT WORTH, TX 76102**

TITLE **VC** ☒ Delete
NAME **JOHNSTON, MCRAE**
STREET ADDRESS **730 NW 107 AVE, STE 200**
CITY-ST-ZIP **MIAMI FL 33172**

TITLE ☐ Change ☐ Addition
NAME **ANDERSON, GLENN W**
STREET ADDRESS **500 COMMERCE STREET**
CITY-ST-ZIP **FORT WORTH, TX 76102**

TITLE **T** ☐ Delete
NAME **COOTS, DANIEL J**
STREET ADDRESS **500 COMMERCE STREET**
CITY-ST-ZIP **FT WORTH TX 76102-5439**

TITLE ☐ Change ☐ Addition
NAME **ANDERSON, GLENN W**
STREET ADDRESS **500 COMMERCE STREET**
CITY-ST-ZIP **FORT WORTH, TX 76102**

TITLE **D** ☐ Delete
NAME **ANDERSON, GLENN**
STREET ADDRESS **500 COMMERCE STREET**
CITY-ST-ZIP **FT WORTH TX 76102-5439**

TITLE **S** ☒ Change ☐ Addition
NAME **BUXTON, RICHARD M**
STREET ADDRESS **500 COMMERCE STREET**
CITY-ST-ZIP **FORT WORTH TX 76102**

TITLE **S** ☒ Delete
NAME **RAY, CAROLYN**
STREET ADDRESS **500 COMMERCE STREET**
CITY-ST-ZIP **FT WORTH TX 76102-5439**

TITLE **D** ☐ Change ☒ Addition
NAME **LYNCH, TERRY**
STREET ADDRESS **500 COMMERCE STREET**
CITY-ST-ZIP **FORT WORTH, TX 76102**

TITLE **C** ☒ Delete
NAME **LAABS, RICK**
STREET ADDRESS **500 COMMERCE STREET**
CITY-ST-ZIP **FORT WORTH TX 76102-5439**

TITLE ☐ Change ☐ Addition
NAME **ANDERSON, GLENN W**
STREET ADDRESS **500 COMMERCE STREET**
CITY-ST-ZIP **FORT WORTH, TX 76102**

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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-26-03

Date

(305) 552-1027

Daytime Phone #

CR2E034 (10/02)