

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000033961

1. Entity Name

LASER LIGHTER COMPANY

FILED
Mar 02, 2000 8:00 am
Secretary of State

03-02-2000 90090 027 ***150.00

Principal Place of Business

4112 AURORA ST.
CORAL GABLES FL 33133
US

Mailing Address

4112 AURORA ST.
CORAL GABLES FL 33155-4660
US

2. Principal Place of Business

4239 SW 71ST AVE

3. Mailing Address

4239 SW 71ST AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FL 33155

City & State

MIAMI, FL

4. FEI Number

65-0578372

Applied For

Not Applicable

Zip

33155

Country

USA

Zip

33155

Country

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

SADLER, JAMES T
3833 NO. MOORINGS COURT
MIAMI FL 33133

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.

SIGNATURE

Alfred C. Hamilton
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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 PD
NAME SADLER, JAMES T
STREET ADDRESS 3833 NO. MOORINGS COURT
CITY-ST-ZIP MIAMI FL 33133 ☐ Delete

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

TITLE S
NAME HAMILTON, ALFRED C
STREET ADDRESS 1239 LINCOLN STREET
CITY-ST-ZIP HOLLYWOOD FL 33017 ☐ Delete

TITLE VICE PRESIDENT (V)
NAME HAMILTON, ALFRED C
STREET ADDRESS 1239 LINCOLN ST
CITY-ST-ZIP HOLLYWOOD, FL 33019 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE SECRETARY (S)
NAME COURTNEY F. SADLER
STREET ADDRESS 2950 LUCAYA ST.
CITY-ST-ZIP COCONUT GROVE, FL 33133 ☐ 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 ☐ Change ☐ Addition

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:

Alfred C. Hamilton
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ALFRED HAMILTON, VP

Date

Daytime Phone #

2/23/00

CR2E034 (9/99)

305 665-9393