

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000033961

1. Entity Name

LASER LIGHTER COMPANY

FILED

Apr 23, 2001 8:00 am  
Secretary of State

04-23-2001 90219 021 \*\*\*150.00

Principal Place of Business

4239 SW 71ST AVE  
MIAMI FL 33155  
US

Mailing Address

4239 SW 71ST AVE  
MIAMI FL 33155  
US

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 65-0578372

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

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

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, 2001 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 ☐ Delete  
NAME SADLER, JAMES T  
STREET ADDRESS 3833 NO. MOORINGS COURT  
CITY-ST-ZIP MIAMI FL 33133

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

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

TITLE ☒ Change ☐ Addition  
NAME 14330 SW 21ST STREET  
STREET ADDRESS DAVIE, FL 33325  
CITY-ST-ZIP

TITLE S ☒ Delete  
NAME SADLER, COURTNEY F  
STREET ADDRESS 2950 LUCAYA ST  
CITY-ST-ZIP COCONUT GROVE FL 33133

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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:

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

ALFRED C HAMILTON

Date

2/6/01

Daytime Phone #

305-665-  
9393

CR2E034 (10/00)