

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000038484

1. Entity Name

LAS OLAS NO. 1, INC.

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90364 043 ***150.00

Principal Place of Business
450 EAST LAS OLAS BLVD.
SUITE 1500
FT. LAUDERDALE FL 33301

Mailing Address
450 EAST LAS OLAS BLVD.
SUITE 1500
FT. LAUDERDALE FL 33301-2291

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
Zip Country

4. FEI Number **65-0596763**
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

AMERICAN INFORMATION SERVICES, INC
ONE SE THIRD AVE
27TH FLOOR
MIAMI FL 33131

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, 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	DPS	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROCHON, RICHARD C		NAME		
STREET ADDRESS	450 EAST LAS OLAS BLVD., SUITE 1500		STREET ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE FL 33301		CITY-ST-ZIP		
TITLE	VT	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRANDEN, CRIS V		NAME		
STREET ADDRESS	450 EAST LAS OLAS BLVD., SUITE 1500		STREET ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE FL 33301		CITY-ST-ZIP		
TITLE	VPAS	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MUXO, ALEX		NAME		
STREET ADDRESS	450 EAST LAS OLAS BLVD., SUITE 1500		STREET ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE FL 33301		CITY-ST-ZIP		
TITLE	ASVP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PIERCE, WILLIAM M		NAME		
STREET ADDRESS	450 EAST LAS OLAS BLVD., SUITE 1500		STREET ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE FL 33301		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
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: SIGNATURE REQUIRED CRIS V. BRANDEN 4/26/00 954-627-5000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)