

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 02, 2003 8:00 am
Secretary of State

04-02-2003 90346 001 ***308.75

DOCUMENT # P95000065540

1. Entity Name
THE LAF COMPANY OF DADE, INC.



Principal Place of Business
**12854 BISCAYNE BLVD
NORTH MIAMI FL 33181**

Mailing Address
**12854 BISCAYNE BLVD
NORTH MIAMI FL 33181**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Count

4. FEI Number **65-0606951**

Applied For
Not Applicable

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**FASSLER, ANNETTE
12854 BISCAYNE BLVD
NORTH MIAMI FL 33181**

*Cert. of
Status
desired*

Required ☒ **\$8.75 Additional
Fee Required**

New Registered Agent

(Acceptable)

FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE *[Signature]*

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **PSD FASSLER, ANNETTE**
STREET ADDRESS **13100 STIRLING ROAD**
CITY-ST-ZIP **FT. LAUDERDALE FL**

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

TITLE ☐ Delete
NAME **VTD FASSLER, LEONARD**
STREET ADDRESS **13100 STIRLING ROAD**
CITY-ST-ZIP **FT. LAUDERDALE FL**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/31/03
Date

Daytime Phone #

CR2E034 (10/02)