## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED DOCUMENT # **P96000026257** May 24, 2000 8:00 am Secretary of State LASTE INTERNATIONAL INC. 05-24-2000 90063 048 \*\*\*150.00 Principal Place of Business Mailing Address 1721 N ANDREWS 1721 N ANDREWS FT. LAUDERDALE FL 33311-4813 FT. LAUDERDALE FL 33311 2. Principal Place of Business 3. Mailing Address 1721 N. ANDREWS SA 1721 N. ANdrews Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State 4. FEI Number Applied For City & State 65-0674025 lsudlau der dal Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 3*33*// Fee Required 333 II 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CORNEILLE, YVES Street Address (P.O. Box Number is Not Acceptable) 7828 PEMBROOK RD. MIRAMAR FL 33025 .... Zip Code FL 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. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. Addition ☐ Delete TIT1 F TITLE VAINQUEUR, HEROLD NAME NAME STREET ADDRESS STREET ADDRESS 7828 PEMBROOK RD. CITY-ST-ZIP CITY-ST-ZIP MIRAMAR FL 33025 ☐ Change Addition ☐ Defete TITLE NAME CORNEILLE, YVES NAME STREET ADDRESS 7828 PEMBROOK RD STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP MIRAMAR FL 33025 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME: CORNEILLE, MONETTE NAME STREET ADDRESS 7828 PEMBROOK RD STREET ADDRESS CITY-ST-ZIP MIRAMAR FL 33025 CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAM NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIE ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADORESS 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.

04-27-60 Daytime Phone #