

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000074422

1. Entity Name

L.A. LADY, INC.

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90270 029 ***150.00

Principal Place of Business

7785 NW 44TH ST
SUNRISE FL 33351
US

Mailing Address

7785 NW 44TH ST
SUNRISE FL 33351-6203
US

2. Principal Place of Business

3. Mailing Address

JO RIESENBERG

Suite, Apt. #, etc.

644 E. HALLANDALE BEACH BLVD

Suite, Apt. #, etc.

City & State

City & State

HALLANDALE FL

Zip

Country

Zip

33009

Country

BROWARD

4. FEI Number

65-0700208

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WARNER, GREGG
2682 OAKMONT
FORT LAUDERDALE FL 33332

7. Name and Address of New Registered Agent

Name *RICHARD RIESENBERG*

Street Address (P.O. Box Number is Not Acceptable)

644 E. HALLANDALE BEACH BLVD

City

HALLANDALE

FL

Zip Code

33009

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]
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4-28-00

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

TITLE	D	<input type="checkbox"/> Delete
NAME	WARNER, GREGG	
STREET ADDRESS	2682 OAKMONT	
CITY-ST-ZIP	FORT LAUDERDALE FL 33332	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-25-00 (954) 458-5541

CR2E034 (9/99)