

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P960000081023** ✓

1. Entity Name  
**LAT REALTY INC**

**FILED**  
**May 17, 2000 8:00 am**  
**Secretary of State**

05-17-2000 90956 032 \*\*\*150.00

Principal Place of Business  
**313 CLEMATIS ST**  
**WPB FL 33401**

Mailing Address  
**9049 LONG LAKE PALM DR**  
**BOCA RATON, FL 33496**

**100919**

2. Principal Place of Business  
**18529 LONG LAKE DR**

3. Mailing Address  
**18529 LONG LAKE DR**

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
**BOCA RATON, FL**

City & State  
**BOCA RATON, FL**

Zip  
**33496**

Country  
**US**

Zip  
**33496**

Country  
**U.S.**

4. FEI Number  
**65-0701340**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**GREENWALD, STEVEN J**  
**6977 N. FEDERAL HWY SC 105**  
**BOCA RATON, FL 33487**

7. Name and Address of New Registered Agent  
Name **LAWRENCE M. SCHNEIDER**  
Street Address (P.O. Box Number is Not Acceptable)  
**18529 LONG LAKE DRIVE**  
City **BOCA RATON** **FL** Zip Code **33496**

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  **LAWRENCE M. SCHNEIDER** **4/26/00**  
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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	<b>SCHNEIDER, LAWRENCE M</b>	<b>731 ADIRSHIRE LANE</b>	<b>BOCA RATON FL</b>	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	<b>SCHNEIDER, LAWRENCE M</b>	<b>18529 LONG LAKE DR</b>	<b>BOCA RATON, FL 33496</b>	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

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:  **LAWRENCE SCHNEIDER** **4/26/00** **561-488-2274**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)