

2002 UNIFORM BUSINESS REPORT (UBR)

0271266 AV

DOCUMENT # P96000087125

1. Entity Name
LAP REAL ESTATE CORPORATION

Principal Place of Business
760 NW 107TH AVE. STE 400
MIAMI FL 33172

Mailing Address
760 NW 107TH AVE. STE 400
MIAMI FL 33172

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0704142

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

NEALON, THOMAS F III
760 NW 107TH AVE. STE 400
MIAMI FL 33172

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, 2002 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 DPST ☐ Delete
NAME KRASNOFF, JEFFREY P
STREET ADDRESS 700 NW 107TH AVE. STE 400
CITY-ST-ZIP MIAMI FL

TITLE ☐ Change ☐ Addition
NAME 300005388919--3
STREET ADDRESS -04/30/02--01012--011
CITY-ST-ZIP *****150.00 *****150.00

TITLE DVP ☐ Delete
NAME THOMAS, OWEN D
STREET ADDRESS 1585 BROADWAY, 37TH FLOOR
CITY-ST-ZIP NEW YORK NY 10036

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

TITLE VP ☒ Delete
NAME LEVIN, DAVID
STREET ADDRESS 760 NW 107TH AVENUE, SUITE 400
CITY-ST-ZIP MIAMI FL

TITLE VP ☐ Change ☒ Addition
NAME Susank. Chapman
STREET ADDRESS 760 NW 107th Ave., Suite 400
CITY-ST-ZIP Miami, FL 33172

TITLE AS ☐ Delete
NAME NEALON, THOMAS F III
STREET ADDRESS 760 NW 107TH AVENUE, SUITE 400
CITY-ST-ZIP MIAMI FL

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

TITLE VP ☐ Delete
NAME BLASER, THEKLA
STREET ADDRESS 760 NW 107TH AVENUE, SUITE 400
CITY-ST-ZIP MIAMI FL

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

TITLE VP ☐ Delete
NAME SCHRAGER, RONALD E
STREET ADDRESS 760 NW 107TH AVE. STE 400
CITY-ST-ZIP MIAMI FL 33172

TITLE ☐ Change ☐ 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

Ronald E. Schrager

Date

305-220-4300

Daytime Phone #

CR2E034 (9/01)

FILED

02 APR 24 PM 4:23

SECRETARY OF STATE



DO NOT WRITE IN THIS SPACE