2001 UNIFORM BUSINESS REPORT (UBR)						FILI	E D			
DOCUMENT # P9700000476 1. Entity Name LAGS OF BRICKELL, INC.				<u> </u>	<u>-</u> .	Apr 19, 2001 08:00 AM Secretary of State				
Principal Plac		Mailing Address 4411 CLEVELAND AVE.								
STE W-206 FT. LAUDERD. 33301	ALE FL US	FORT MYERS 33901		FL						
2. Principal P	face of Business	3. Mailing Address	3. Mailing Address						•	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
City & State	9	City & State				4. FEI Number		——————————————————————————————————————	plied For]
Zip	Country	Zip	Coun	try		65-0729552 5. Certificate of Status Desire	d □	\$8.75 Add		
	6. Name and Address of Current	Registered Agent		·		7. Name and Address of Ne	w Registered	Fee Require	<u> </u>	-
GARGANO ANTHONY J 2075 W FIRST ST STE 203					E R	ICHARD J D. Box Number is Not Accepte				
FORT MYE 33901	RS US	TL		City FT MYE	DC		FL	Zip Cod	e	
8. The above	named entity submits_this statement fo	or the purpose of changing its r	egistere			agent, or both, in the State of		33901		1
SIGNATURE _	RICHARD J. SIMEO		Registered	d Agent signat.	re required who	en reinstating)	- 04/19	9/2001	<u></u>	
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. After MAY 1, 2001 Make Check Payable				will be \$5	50.00	10. Election Campaign			0 May Be to Fees	
11.	OFFICERS AND	DIRECTORS	12.			ADDITIONS/CHANGES TO C	OFFICERS AN	D DIRECTORS	S IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST LYNCH PAUL 4411 CLEVELAND AVE. FORT MYERS	☐ Delete			DST LYNCH 4411 CLI FORT M	PAUL EVELAND AVE. IYERS	FL	IX Change 33901	☐ Addition	034 (11/00)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BRAWNER TERRY 4411 CLEVELAND AVE. FORT MYERS	□ Delete ¸			DP BRAWN 4411 CLI FORT M	EVELAND AVE.	FL	№ Change 33901	Addition	CR2E0
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCEO LAGESCHULTE DAVID L 4411 CLEVELAND AVE. FORT MYERS	☐ Delete			DCEO LAGESO 4411 CLI FORT M	EVELAND AVE.	FL	№ Change 33901	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete						☐ Change	☐ Addition	:
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete						☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	CITY-	ET ADORESS -ST-ZIP				☐ Change	Addition	
of the cor changed,	certify that the Information supplied with on this report or supplemental report is poration or the receiver or trustee empor or on an attachment with an address,	s true and accurate and that my owered to execute this report a	/ cinnat	TIFA CHAIL H	ava tha car	ne legal effect as if made und lorida Statutes; and that my n		an an afficer	ar disastar	
SIGNAT		PRINTED NAME OF SIGNING OFFICER OF	R DIRECT	OR		T 04/19/2001 Date		Daytime Phone #		

Date

Daytime Phone #