

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 26, 2000 8:00 am
Secretary of State

05-26-2000 90039 048 ***150.00

DOCUMENT # P97000015850

1. Entity Name

THE LASKO FAMILY KOSHER TOURS, INC.

00056003



DO NOT WRITE IN THIS SPACE

Principal Place of Business
 4100 N. HILLS DRIVE
 HOLLYWOOD FL 33021

Mailing Address
 4100 N. HILLS DRIVE
 HOLLYWOOD FL 33021-2424

2. Principal Place of Business
 2699 Stirling Rd
 Suite, Apt. #, etc. C 405
 City & State Ft. Lauderdale, FL
 Zip 33312 Country USA

3. Mailing Address
 2699 Stirling Road
 Suite, Apt. #, etc. C 405
 City & State Fort Lauderdale, FL
 Zip 33312 Country USA

4. FEI Number 65-0743937
 Applied For Not Applicable
 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 LASKO, ARLENE P
 4100 N. HILLS DRIVE
 HOLLYWOOD FL 33021

7. Name and Address of New Registered Agent
 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, 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	P	<input type="checkbox"/> Delete
NAME	LASKO, SAMUEL H	
STREET ADDRESS	4100 N. HILLS DRIVE 2699 Stirling Rd.	
CITY-ST-ZIP	HOLLYWOOD FL 33021 Fort Lauderdale, FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	TWERSKY, JONATHAN	
STREET ADDRESS	4100 N. HILLS DRIVE as above	
CITY-ST-ZIP	HOLLYWOOD FL 33021	
TITLE	ST	<input type="checkbox"/> Delete
NAME	LASKO, ARLENE P	
STREET ADDRESS	4100 N. HILLS DRIVE as above	
CITY-ST-ZIP	HOLLYWOOD FL 33021	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
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		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 4/3/00 Daytime Phone #

CR2E034 (9/99)