

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 08, 2000 8:00 am**  
**Secretary of State**

05-08-2000 90061 006 \*\*\*150.00

**DOCUMENT # P97000031137**

1. Entity Name

LAPARS, INC.

Principal Place of Business

Mailing Address

20344 NW 43 AVE  
 MIAMI FL 33055

20344 NW 43 AVE  
 MIAMI FL 33055-1202

2. Principal Place of Business

3. Mailing Address

20344 NW 43 AVE  
 Suite, Apt. #, etc.

20344 NW 43 AVE  
 Suite, Apt. #, etc.

City & State

City & State

Miami Florida

Miami Florida

Zip

Country

Zip

Country

33055 USA

33055 U.S.A.



DO NOT WRITE IN THIS SPACE

4. FEI Number

NOT APPLICABLE

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

ALCEUS, LAMARTINE  
 20344 NW 43 AVE  
 MIAMI FL 33055

Name

Same

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D <input type="checkbox"/> Delete
NAME	ALCEUS, LAMARTINE
STREET ADDRESS	20344 NW 43 AVE
CITY-ST-ZIP	MIAMI FL 33055
TITLE	D <input type="checkbox"/> Delete
NAME	SARNTelus, REYNOLD
STREET ADDRESS	20344 NW 43 AVE
CITY-ST-ZIP	MIAMI FL 33055
TITLE	D <input type="checkbox"/> Delete
NAME	ALCEUS, PIERRE
STREET ADDRESS	20344 NW 43 AVE
CITY-ST-ZIP	MIAMI FL 33055
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	

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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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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #