

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2001 8:00 am
Secretary of State

05-14-2001 90058 018 ***150.00

DOCUMENT # P97000031137

1. Entity Name
LAPARS, INC.

Principal Place of Business

Mailing Address

20344 NW 43 AVE
MIAMI FL 33055
US

20344 NW 43 AVE
MIAMI FL 33055
US

2. Principal Place of Business

3. Mailing Address

20344 NW 43 AVE

20344 NW 43 AVE

Suite, Apt. #, etc.
House

Suite, Apt. #, etc.
House

City & State
Miami Florida

City & State
Miami Florida

Zip
33055

Country
U.S.A.

Zip
33055

Country
U.S.A.

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) Same
City Same FL Zip Code Same

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] Lamartine Alceus

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, 2001 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

Table with 3 columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP. Contains entries for ALCEUS, LAMARTINE, SARNTelus, REYNOLD, and ALCEUS, PIERRE.

Table with 3 columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP. Contains entries for 'Same' indicating no changes.

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date
Daytime Phone #

CR2E034 (10/00)