

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Feb 06, 2001 08:00 AM**
Secretary of State**DOCUMENT # P97000032141**1. Entity Name
LAINER'S LTD, INC.**Principal Place of Business**

5201 NW 65TH AVE

LAUDERHILL

33319

FL

US

Mailing Address

5201 NW 65TH AVE

LAUDERHILL

33319

FL

US

2. Principal Place of Business

3339 E. OAKLAND PARK BLVD.

3. Mailing Address

3339 E. OAKLAND PARK BLVD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

FORT LAUDERDALE

FL

City & State

FORT LAUDERDALE

FL

Zip
33308Country
USZip
33308Country
US**4. FEI Number****65-0808635**

Applied For

Not Applicable

5. Certificate of Status Desired☐**\$8.75** Additional
Fee Required**6. Name and Address of Current Registered Agent****BROWN, ELAIN**

4074 W BROWARD BLVD

PLANTATION

33317

FL

7. Name and Address of New Registered Agent

Name

BROWN ELAIN J

Street Address (P.O. Box Number is Not Acceptable)

3339 E. OAKLAND PARK BLVD.

City

FORT LAUDERDALE

FL

Zip Code
33308

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 **ELAIN J. BROWN****02/06/2001**

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, 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**

TITLE	VP	☐ Delete
NAME	VIZNER SAM	
STREET ADDRESS	10758 CYPRESS BEND DR	
CITY-ST-ZIP	BOCA RATON FL 33498	
TITLE	P	☐ Delete
NAME	BROWN ELAIN	
STREET ADDRESS	5201 NW 65TH AVE	
CITY-ST-ZIP	LAUDERHILL FL 33319	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	P	☒ Change ☐ Addition
NAME	BROWN ELAIN J	
STREET ADDRESS	5201 NW 65TH AVE	
CITY-ST-ZIP	LAUDERHILL FL 33319	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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: Elain J. Brown

P

02/06/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)