

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P97000043999**

1. Entity Name

**L & S CONSULTANTS II INC.****FILED**  
**Feb 09, 2000 8:00 am**  
**Secretary of State**

02-09-2000 90054 006 \*\*\*150.00

DUPLICATE

Principal Place of Business

Mailing Address

**13455 SW 3 STREET  
S-307  
PEMBROKE PINES FL 33027  
US****13455 SW 3 STREET  
S-307  
PEMBROKE PINES FL 33027-1643  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City &amp; State

City &amp; State

4. FEI Number

**59-3453634**

Not

Zip

Country

Zip

Country

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

**ZOCCO, LAVERNE J  
13455 SW 3 STREET  
S-307  
PEMBROKE PINES FL 33027**

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** Fee  
Added to F.

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **ZOCCO, LAVERNE J**  
CITY-ST-ZIP **13455 SW 35TH S-307  
PEMBROKE PINES FL 33027**TITLE ☐ Change ☐  
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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 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

Daytime Phone #

**1-20-2000 1-954-443-832**