

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 29, 2002 8:00 am
Secretary of State

03-29-2002 90200 009 ***150.00

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DOCUMENT # P98000012639

1. Entity Name
LA FORZA, INC.

Principal Place of Business

~~205 E. ATLANTIC AVENUE~~
DELRAY BEACH FL 33444

Mailing Address

~~205 E. ATLANTIC AVENUE~~
DELRAY BEACH FL 33444



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

8 Gleason St
 Suite, Apt. #, etc.

3. Mailing Address

8 Gleason St
 Suite, Apt. #, etc.

City & State

Delray Bch FL

City & State

Delray Bch FL

4. FEI Number

65-0810732

Applied For

Not Applicable

Zip

33483

Country

Palm Bch

Zip

33483

Country

Palm Bch.

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

BETTERS, CHRISTINA

~~205 E. ATLANTIC AVENUE~~
DELRAY BEACH FL 33444

Name

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

City

FL

Zip Code

7. Name and Address of New Registered Agent

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, 2002 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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
PTD
BETTERS, CHRISTINA
205 E. ATLANTIC AVE.
DELRAY BEACH FL 33444

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
8 Gleason St
Delray Bch FL 33483

☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Delete

TITLE
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TITLE
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 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

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

3-18-02 561 278-3200

Date Daytime Phone #

CR2E034 (9/01)