

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 27, 2001 8:00 am
Secretary of State

04-27-2001 90236 035 ***150.00

DOCUMENT # P98000028213

1. Entity Name:
LOS ALAMOS CORP.

Principal Place of Business 1820 E. HALLANDALE BCH BLVD. HALLANDALE FL 33009	Mailing Address 1820 E. HALLANDALE BCH BLVD. HALLANDALE FL 33009
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00039113



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 20801 Biscayne Boulevard	3. Mailing Address 20801 Biscayne Boulevard
Suite, Apt. #, etc. Suite 505	Suite, Apt. #, etc. Suite 505

City & State Aventura, Florida	City & State Aventura, Florida	4. FEI Number 65-0829991	Applied For <input type="checkbox"/> Not Applicable
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Zip 33180	Country Miami-Dade	Zip 33180	Country Miami-Dade	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
PERLOW, JEFFREY M
1820 E. HALLANDALE BCH BLVD.
HALLANDALE FL 33009

7. Name and Address of New Registered Agent
 Name
Jeffrey M. Perlow
 Street Address (P.O. Box Number is Not Acceptable)
20801 Biscayne Boulevard
Suite 505
 City
Aventura **FL** Zip Code
33180

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 DATE **4/19/01**
(NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/> (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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JODIK, CESAR R 1820 E. HALLANDALE BCH BLVD. HALLANDALE FL 33009	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 20801 Biscayne Boulevard, #505 Aventura, Florida 33180
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SCHUHFIELD, LOLA F 1820 E. HALLANDALE BCH BLVD. HALLANDALE FL 33009	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 20801 Biscayne Boulevard, #505 Aventura, Florida 33180
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: **23 - Abril 2001**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)