FILED

2002 Uniform Business Report (UBR)

SIGNATURE:

Apr 02, 2002 8:00 am Secretary of State P98000037320 DOCUMENT # 1. Entity Name LAUREN & ASSOCIATES, INC. 04-02-2002 90912 035 ***150.00 Principal Place of Business Mailing Address 1070 NW 1ST AVE 1070 NW 1ST AVE. SUITE A SUITE A **BOCA RATON FL 33432 BOCA RATON FL 33432** 2. Principal Place of Business 3. Mailing Address 50 FAIRWAY 350 FAIRWAY DRIVE Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE DUITE UITE City & State City & State 4. FEI Number Applied For 65-0837361 BEACH EERFIE Seach I-l Not Applicable \$8.75 Additional 5. Certificate of Status Desired USK Fee Required ---6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent امبرو Walczak WALCZAK, JOYCE Street Address (P.O. Box Number is Not Acceptable) 1353 S MILITARY TRAIL DEERFIELD BCH. FL 33442 Avenue Zip Code 334 FL 8. The above pamed entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE 9. This corporate n is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing Tax filing redirement and elects to do so. \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE (9/01) ☐ Addition LUXON, ELIZABETH LUXON ELIZABETH NAME NAME 3710 NW TI STREET 3710 NE 71 STREET STREET ADDRESS STREET ADDRESS COCONUT CREEK FL 33073 COCONUT CREEK FL 33073 CITY-ST-ZIP CITY-ST-ZIP VP TITLE ☐ Delete TITLE Change ☐ Addition BUTERA PHILIP M BUTERA, PHILIP M NAME NAME 9355 SW 8 ST #321 STREET ADDRESS 12240 FAIRWAY PINES DR STREET ADDRESS BOGA-RATON FL-33428 CITY-ST-7IP CITY-ST-ZIP BOYNTON BEACH-FL -33437 TITLE ☐ Delete Change ☐ Addition ROBERTS SUSAN ROBERTS, SUSAN NAME NAME 1117 E. RIVER DRIVE 1117 E RIVER DOIVE STREET ADDRESS STREET ADDRESS MARYATE FL 33063 CITY-ST-ZIP CITY-ST-ZIP MARGATE FL 32063 TITLE ☐ Delete 1ARGATE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 seappemental 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 tustee 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 attach ment with