2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

Principal Place of Business

8556 PALM PARKWAY

P98000061310

Mailing Address

8556 PALM PARKWAY

1. Entity Name

LA MER FINANCE, INC.



SECRETARY OF STATE DIVISION OF CORPORATIONS 03 MAY 20 PM 3: 03

ORLANDO FL 3	2836	ORLANDO FL 32836			
2. Principal Place of Business Suite, Apt. #, etc. City & State		3. Mailing Address Suite, Apt. #, etc. City & State			
				Zip	Country
777 SOUTH SUITE 900 I WEST PALM 8. The above n the obligation SIGNATURE SI	SENTERFIT & EIDSON, P.A. I FLAGLER DRIVE EAST TOWER I BEACH FL 33401 Apped entity submits this statument in sof registered agent. ENOW!!! FEE IS \$150.00 May 1, 2003 Fee will be \$550.	nt for the purpose of changing in the purpose of	KAY Attn: 1150 Palm	LAW OFFICES James R. Kay, Esquire D5 Fairchild Gardens Avenue, Suite 203 n Beach Gardens, FL 33410 S-1-03 required when reinstating) DATE 9. Election Campaign Financing Trust Fund Contribution.	
	Payable to Florida Departmen	<u>i</u>			
NAME STREET ADDRESS 8	OFFICERS A MD HASWANI, HATIM 8556 PALM PARKWAY ORLANDO FL 32836	ND DIRECTORS Delete	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Change Addition 700019744957 05/22/0301073002 **4637.50	
NAME STREET ADDRESS 8	d Al-Sayed, ebrahim 8556 Palm Parkway Orlando fl 32836	🔀 Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
NAME (CSTREET ADDRESS 8	D Clark, Susan I 8556 Palm Parkway Drlando Fl 32836	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Oelete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	

12. 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 trustel empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

CITY-ST-ZIP

TITLE NAME

TITLE

NAME STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

TITLE

TITLE NAME

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

☐ Delete

Daytime Phone #

☐ Change

☐ Change

Addition

Addition