2000 UNIFORM BUSINESS REPORT (UBR) FILED May 12, 2000 8:00 am Secretary of State DOCUMENT # P980000 62008 1. Entity Name LAzerluce, Inc 05-12-2000 90056 027 ***158.75 AZERLURE, INC. Principal Place of Business NAO48495 2. Principal Place of Business 965 ORCH 3. Mailing Address 965 ORCHIN LANE Suite, Apt. #, etc Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE Applied For City & State City & State 65-088404ª Not Applicable \$8.75 Additional 5. Certificate of Status Desired Ü.S Fee Required Name and Address of Current Registered Agen 7. Name and Address of New Registered Agent PAUL J. Schottenfeld DAVIC T. Schottenteld, 17520 Nis 54h Street Plantection, FlA 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. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. CR2E034 (9/99) Change ☐ Addition TITLE ☐ Delete NAME PM M.CABRIO STREET ADDRESS STREET ADORESS orchia LANG CITY-ST-ZIP CITY-ST-ZIP <u>33483</u> TITLE Change Addition ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP Addition ☐ Change TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition ☐ Detete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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: Daytime Phone #