

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000020934

1. Entity Name

L & A LITHOGRAPHY, INC.

FILED
Apr 07, 2000 8:00 am
Secretary of State

04-07-2000 90071 011 ***150.00

Principal Place of Business

4418 INVERRARY BLVD.
LAUDERHILL FL 33319

Mailing Address

4418 INVERRARY BLVD.
LAUDERHILL FL 33319-4102

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FE Number

65-0901393

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STRAUS, ARNOLD M JR, ESQ
10081 PINES BLVD., SUITE C
PEMBROKE PINES FL 33024

Name

ANA MARIA DELACOVA

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

8537 NW 21 MANOR

City

CORAL SPRINGS

FL

Zip Code

33071

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
ANA MARIA DELACOVA

(NOTE: Registered Agent signature required when reinstating)

DATE

4-4-00

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DP** ☐ Delete
NAME **COVA, ANA MARIA DELA**
STREET ADDRESS **8537 NW 21ST MANOR**
CITY-ST-ZIP **CORAL SPRINGS FL 33071**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **DVS** ☐ Delete
NAME **SMOLEN, LAWRENCE**
STREET ADDRESS **8537 NW 21ST MANOR**
CITY-ST-ZIP **CORAL SPRINGS FL 33071**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

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 and typed or printed name of signing officer or director
ANA MARIA DELACOVA

44-00 (954) 748-6050
Date Daytime Phone #

CR2E034 (9/99)