

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2002 8:00 am
Secretary of State

02-24-2002 90086 030 ***150.00

DOCUMENT # P99000025874

1. Entity Name

LAS-OLAS INT'L INVESTMENTS INC.

Principal Place of Business

**3870 N. 31ST TERRACE
 HOLLYWOOD FL 33021**

Mailing Address

**3870 N. 31ST TERRACE
 HOLLYWOOD FL 33021**

2. Principal Place of Business

9941 SW 4th ST.

Suite, Apt. #, etc.

3. Mailing Address

9941 SW 4th ST.

Suite, Apt. #, etc.

City & State

PLANTATION FL

City & State

PLANTATION, FL

Zip

Country

33324 FL

Zip

Country

33324

4. FEI Number

65-0905251

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**OVED, JACK
 3870 N. 31ST TERRACE
 HOLLYWOOD FL 33021**

7. Name and Address of New Registered Agent

Name

OVED, JACK

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

9941 SW 4th ST

City

PLANTATION

FL

Zip Code

33324

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]
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2002 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

TITLE **D** ☐ Delete
 NAME **OVED, JACK**
 STREET ADDRESS **3870 N. 31ST TERRACE**
 CITY-ST-ZIP **HOLLYWOOD FL 33021**

TITLE **D** ☐ Delete
 NAME **OVED, BETTY**
 STREET ADDRESS **3870 N. 31ST TERRACE**
 CITY-ST-ZIP **HOLLYWOOD FL 33021**

TITLE **D** ☐ Delete
 NAME **DUED, ZIPHAR**
 STREET ADDRESS **3870 N 317 TERRACE**
 CITY-ST-ZIP **HOLLYWOOD FL 33021**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Change ☐ Addition
 NAME **OVED, JACK**
 STREET ADDRESS **9941 SW 4th ST.**
 CITY-ST-ZIP **PLANTATION, FL 33324**

TITLE **D** ☐ Change ☐ Addition
 NAME **OVED, BETTY**
 STREET ADDRESS **9941 SW 4th ST.**
 CITY-ST-ZIP **PLANTATION, FL 33324**

TITLE **D** ☐ Change ☐ Addition
 NAME **OVED, ZOHAR**
 STREET ADDRESS **9941 SW 4th ST.**
 CITY-ST-ZIP **PLANTATION, FL 33324**

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

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

TITLE ☐ Change ☐ Addition
 NAME
 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

Date

Daytime Phone #

CR20034 (9/01)