2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

Principal Place of Business

QQA1 SW ATH STDEET

P99000025874

Mailing Address

DOME OWN ATTHE STORET

1. Entity Name

LAS-OLAS INT'L INVESTMENTS INC.



FILED Jan 29, 2003 8:00 am Secretary of State 01-29-2003 90177 001 ***150.00

PLANTATION	FL 33324			PLANTATION FL 33324								
2. Principal F	Place of Busine	3. Ma	3. Mailing Address									
Suite, Apt. #, etc.			Suit	Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES				
City & Stat	e	City	City & State				4. FEI Number 65-0905251 Applied For Not Applicable					
Zip Country			Zip	Zip Coun			5. (5. Certificate of Status Desired See Required \$8.75 Additional Fee Required				1
<u></u>	6. Name	nt Register	Registered Agent			7. Name and Address of New Registered Agent						
						Name		-				1
OVED, JA				(2.0. 5					4			
·-	4TH STREE		5			Street Address (P.O. Box Number is Not Acceptable)						
	ION FL 3332											1
					City			FL	Zip Cod	e	+	
• The above	named entity	submits this statement	for the our	oce of changing its	register	ed office or re-	gistored age	ent, or both, in the State of Florida.		niliar with	and accept	-
	ions of registe		nor the purp	Jose of Changing its	registeri	sa onice or re	gisieleu agi	ent, or bost, in sile State of Florida.	i aiti iai	IIIICAT VVILIFI,	and accept	
01011171175												
SIGNATURE .	Signature, typed o	r printed name of registered age	ent and title if app	olicable. (NOTE	: Registere	d Agent signature r	equired when re	einstating)	DATE			
After	r May 1, 200	FEE IS \$150.00 3 Fee will be \$550.0					7	Election Campaign Financir Trust Fund Contribution.	ig 🖂		0 May Be I to Fees	1
Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS					1 44			DITIONS (OLIMNOSS TO OSSIOED	O AND D	VOCOTOR	2 INI 43	-
10.	0	UFFICERS AN	ID DIKECIC		11.		AD	DITIONS/CHANGES TO OFFICER				18
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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 eath; 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE REDUISED

Date

Daytime Phone #