2000 UNIFORM BUSINESS REPORT (UBR)

4/24/2

FILED
Jul 05, 2000 8:00 am
Secretary of State
04-25-2000 90109 045 ***150.00

DOCUMENT # P99000045235

1. Entity Name

L.A.F. HOME IMPORTS II, INC

R

Principal Place of Business	Mailing Address
12909 MALLARD CREEK DR. PALM BEACH GARDENS FL 33418	12909 MALLARD CREEK DR. PALM BEACH GARDENS FL 33418-8662

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
103 S US#1 C-7	103 S. US#1 C-7
Suite, Apt. #, etc.	Suite, Apt. #, etc. C-7
City & State: Jupiter	City & State: Jupiter
Zip: FL Country: PB	Zip: 33477 Country: PB

4. FEI Number: 65-0932278 — ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BENTON, PEGGY 12909 MALLARD CREEK DR. PALM BEACH GARDENS FL 33418	Name Street Address (P.O. Box Number is Not Acceptable) City — FL — Zip Code

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: Peggy Benton — May 17, 2000
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, 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	PRESIDENT ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	PEGGY BENTON	NAME	
STREET ADDRESS	12909 MALLARD CREEK DR	STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33418	CITY-ST-ZIP	
TITLE	PRES ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	LASZLO PAPP	NAME	
STREET ADDRESS	12909 MALLARD CREEK DR	STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33418	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
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CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
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CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR 1 (X14 (9/99))

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: Peggy Benton — April 18-00 — 561-748-1848
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #