2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P9900051774

1. Entity Name

LB & ASSOCIATES, INC.

Prin	cipai	Place	of Busin	ess
4720	N.W.	BOCA	RATON	BLVD
UNIT	D-20	7		

BOCA RATON FL 33431

Mailing Address

4720 N.W. BOCA RATON BLVD UNIT D-207

BOCA RATON FL 33431-4801

2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	-
City & State	City & State	

FILED Feb 14, 2000 8:00 am Secretary of State

02-14-2000 90035 039 ***150.00



2. Principal Place of Business 3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.	-	DO NOT WRITE IN THIS SPACE			
City & State	9	City & State		4. FEI Number 65 092 7377 Applied For Not Applicable			
Zip Country		Zip	Country	5. Certificate of Status Desired S8.75 Additional Fee Required			
	6. Name and Address of Curren			7. Name and Address of New Registered Agent			
COLLETTI, JOSEPH R 3550 BISCAYNE BLVD.			Tidano -	Name Street Address (P.O. Box Number is Not Acceptable)			
MIAN	E 610 Al FL 33137		City	FL Zip Code			
SIGNATURE _ 9. This corpo	Signature, typed or printed name of registered ager prattion is eligible to satisfy its Intangib equirement and elects to do so.	nt and title if applicable. (NC	DTE: Registered Agent signature requively!! FEE IS \$150.00 2000 Fee will be \$550.0	10. Election Campaign Financing \$5.00 May Pa			
-	ia on back)	Make Check Paya	able to Department of S	itate Added to Fees			
11.	OFFICERS ANI		12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD PINES, MICHAEL A 4720 N.W. 2ND AVENUE BOCA RATON FL 33431	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	-	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	٠.	Delete	TITLE NAME STREET ADDRESS CHY-ST-ZIP	Change Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS DITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition			
TITLE NAME		☐ Delete	TITLE NAME	☐ Change ☐ Addition			

indicated on this report or supplemental peport is fine 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 em owered 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR