

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000056513

1. Entity Name

LA-V-JAY, INC.

Principal Place of Business

965 MANORS DRIVE #A-35
PALM SPRINGS FL 33461

Mailing Address

965 MANORS DRIVE #A-35
PALM SPRINGS FL 33461

NEW ADDRESS

2. Principal Place of Business

2465 27th AV SW

3. Mailing Address

2465 27th AV SW

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

VERO BEACH FL

City & State

VERO BEACH FL

Zip

32968

Country

USA

Zip

32968

Country

USA

DO NOT WRITE IN THIS SPACE

REINSTATEMENT

Applied Fee

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

VASOYA, SHOBHANA
965 MANORS DRIVE #A-35
PALM SPRINGS FL 33461

7. Name and Address of New Registered Agent

Name VASOYA SHOBHANA

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

2465 27th AV SW

VERO BEACH FL

City

561 562 0699

32968

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 X

S. B. Vasoya

X 9.25.00

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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	PSTD	<input checked="" type="checkbox"/> Delete
NAME	VASOYA, SHOBHANA	
STREET ADDRESS	965 MANORS DRIVE #A-35	
CITY-ST-ZIP	PALM SPRINGS FL 33461	
TITLE	VASOYA, SHOBHANA	<input type="checkbox"/> Delete
NAME	2465 27th AV SW	
STREET ADDRESS	VERO BEACH FL 32968	
CITY-ST-ZIP	(561-562 0699)	<input type="checkbox"/> Delete
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	400003417444	
STREET ADDRESS	-10/06/00--01113--015	
CITY-ST-ZIP	****750.00 ****750.00	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: X SIGISABIN Vasoya

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 9.25.00

Date

Daytime Phone #

CR2E034 (5/00)