2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED Mar 08, 2001 8:00 am DOCUMENT # P99000069036 **Secretary of State** 1. Entity Name 03-08-2001 90190 008 ***150.00 LASALLE CLEARING CORPORATION Principal Place of Business Mailing Address 2455 HOLLYWOOD BLVD. SUITE 101 2455 HOLLYWOOD BLVD. SUITE 101 T0032083 HOLLYWOOD FL 33020 HOLLYWOOD FL 33020 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number PPLIED FOR Not Applicable 65-0938 Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BEALL, DARRELL Street Address (P.O. Box Number is Not Acceptable) . 11575 Heron Bay Sui 3761 W. HILLSBORO BLVD. C-209 **COCONUT CREEK FL 33073** Zip Code 33076 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 (NOTE: Registered Agent signature required when reinstating) istered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. CR2E034 (10/00) ☐ Addition TITLE ☐ Delete TITLE □ Change Darrell Beall NAME NAME BEALL, DARELL 2501 S.Ocean Dr. LZ STREET ADDRESS STREET ADDRESS 3761 W. HILLSBORO BLVD. C-209 CITY-ST-ZIP CITY-ST-ZIP Hollywood, FL 33019 **COCONUT CREEK FL 33073** THUE ☐ Delete TITLE ☐ Change □ Addition Matthew Hirschenbein NAME 1500 Bay Rd L32 STREET ADDRESS STREET ADDRESS Hollywood FL 33139 CITY-ST-ZIP CITY-ST-ZIP .TITLE~ Delete .. --TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TiTi F Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP ☐ Delete TITLE TITLE Cl Change ☐ Addition NAME NAME STREET ADORESS STREET ADDRESS CDY-ST-ZIP 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.

ITED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/0/