

**03**  
**FOR PROFIT CORPORATION**  
**UNIFORM BUSINESS REPORT (UBR)**


FILED

03 MAY -5 PM 2:05

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # P99000069036

1. Entity Name  
 Lasalle Clearing Corporation



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
 Florida 128 E. McNab Rd

3. Mailing Address  
 128 E. McNab Rd

Suite, Apt. #, etc.

**DO NOT WRITE IN THIS SPACE**

City & State  
 Pompano Beach FL

City & State  
 Pompano Beach FL

Zip Country  
 33060 Broward

Zip Country  
 33060 Broward

4. FEI Number  
 65-0938192

Applied For  
 Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name  
 Gary Feder

Street Address (P.O. Box Number is Not Acceptable)  
 11575 Heron Bay

Suite 309

City  
 Coral Springs FL

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. I am familiar with, and accept the obligations of registered agent.


SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

January 1 - May 1 Fee is \$150.00  
 After May 1, Fee is \$550.00  
 Amended UBR is \$61.25  
 Make Check Payable to Florida Department of State

9. Election Campaign Financing  
 Trust Fund Contribution.  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Darrell Beall 2200 S.E. 7th St Pompano Beach, FL 33062	TITLE NAME STREET ADDRESS CITY-ST-ZIP	400018832024 05/13/03--01032--007 **150.00
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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 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 10 or on an attachment with an address with all other life empowered.

SIGNATURE:  Darrell M. Beall 4/29/03 954-781-2008

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)

21 5/8