

2000 UNIFORM BUSINESS REPORT (UBR)

1/31/00-90102-024-\$150.00-\$150.00

DOCUMENT # P99000079836

1. Entity Name

LAKE GROUP SOFTWARE, INC.

FILED

00 MAR -9 AM 8:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

11111 BISCAYNE BLVD.
SUITE 2115
MIAMI FL 33181

Mailing Address

11111 BISCAYNE BLVD.
SUITE 2115
MIAMI FL 33181-3404

2. Principal Place of Business

3003 Sheridan Ave
Suite, Apt. #, etc.

3. Mailing Address

3003 Sheridan Ave
Suite, Apt. #, etc.

City & State

Miami Beach FL

City & State

Miami Beach FL

Zip

33140

Country

Dade

Zip

33140

Country

Dade

4. FEI Number

Applied For
Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RANDALL, MICHAEL L
11111 BISCAYNE BLVD.
SUITE 2115
MIAMI FL 33181

7. Name and Address of New Registered Agent

Name: Randall Michael
Street Address (P.O. Box Number is Not Acceptable):
3003 Sheridan Ave

City

Miami

FL

Zip Code

33140

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

Michael Randall

Signature, typed or printed name of registered agent and title (if applicable)

(NOTE: Registered Agent signature required when reinstating)

1/17/00

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

TITLE: D
NAME: RANDALL, MICHAEL L
STREET ADDRESS: 11111 BISCAYNE BLVD., SUITE 2115
CITY-ST-ZIP: MIAMI FL 33181 ☒ Delete

TITLE: *Randall, Michael*
NAME: *Randall, Michael*
STREET ADDRESS: *3003 Sheridan Ave*
CITY-ST-ZIP: *Miami Beach FL 33140* ☐ Delete

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

TITLE: ☐ Delete
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12.

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY-ST-ZIP: ☐ Change ☐ Addition

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CITY-ST-ZIP: ☐ Change ☐ Addition

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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☐ Change ☐ Addition

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:

Michael Randall

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/19/00

Date

Daytime Phone #

KE