

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000087712

1. Entity Name
LAP ENTERPRISES, INC.

FILED
Sep 20, 2000 8:00 am
Secretary of State

09-20-2000 90004 044 ***550.00

Principal Place of Business
140 NE 19 CT. BUILDING 3. SUITE 215
WILTON MANORS FL 33305

Mailing Address
140 NE 19 CT. BUILDING 3. SUITE 215
WILTON MANORS FL 33305



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2175 N. BOWELINE RD
Suite, Apt. #, etc.
3

3. Mailing Address
- Same -
Suite, Apt. #, etc.

City & State
POMPANO BEACH, FL

City & State

Zip
33069

Country
USA

Zip

Country

4. FEI Number
65-0953629

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
PEIFFER, LENNY R
140 NE 19 CT. BUILDING 3, SUITE 215
WILTON MANORS FL 33305

7. Name and Address of New Registered Agent
Name
- Same -
Street Address (P.O. Box Number is Not Acceptable)
2175 N. BOWELINE RD.
SUITE 3
City
POMPANO BEACH FL Zip Code
33069

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 Lenny R. Peiffer 9/12/00
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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PEIFFER, LENNY R 140 NE 19 CT. BUILDING 3, SUITE 215 WILTON MANORS FL 33305 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Lenny R. Peiffer 9/12/00 954/973-0040
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/00)