## **2001 UNIFORM BUSINESS REPORT (UBR)**

SIGNATURE:

## Mar 13, 2001 8:00 am DOCUMENT # P99000106457 **Secretary of State** L.A.D. FINANCIAL, CORP. 03-13-2001 90070 031 \*\*\*150.00 Mailing Address Principal Place of Business 3827 TURTLE RUN BLVD.. #2611 3827 TURTLE RUN BLVD., #2611 CORAL SPRINGS FL 33067 CORAL SPRINGS FL 33067 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0967478 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DIAZ, LESLEY A Street A<u>d</u>dress 3827 TURTLE RUN BLVD., #2611 **CORAL SPRINGS FL 33067** City Zip Code 8. The above named e ntity submits this statem ant for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE e if applicable. (NOTE: Registered Agent signature required when reinstating) 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. П Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Delete Addition TITLE TITLE NAME . DIAZ, LESLEY NAME STREET ADDRESS 3827 TURTLE RUN BLVD., #2611 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **CORAL SPRINGS FL 33067** Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Detete 🕆 😑 -TITLE-Change Addition NAME NAME STREET ADDRESS STREET ADDRESS 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 TITLE ☐ Change ☐ Addition NAME: NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 of trystee 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 addyss, with all piner like empowered. 13. I hereby certify that the information

OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #