

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 07, 2000 8:00 am
Secretary of State

07-07-2000 90406 043 ***150.00

DOCUMENT # S68461

1. Entity Name
L A LINKS, INCORPORATED

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Principal Place of Business BLOSSOM DR BLOOMFIELD MI 48324	Mailing Address 3150 BLOSSOM DR W. BLOOMFIELD MI 48324-2187 US
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00068477



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip
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4. FEI Number 65-0275313	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MILLER, BRADLEY
4722 NW BOCA RATON BLVD
C-106
BOCA RATON FL 33431

7. Name and Address of New Registered Agent

Name: **KARL LITTEN**
 Street Address (P.O. Box Number is Not Acceptable):
6557 Sun River Road
 City: **BOYNTON BCH** FL Zip Code: **33436**

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: **KARL LITTEN** *Karl Litten* DATE: **4-26-00**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	P VIOLA, LORRIE A.	NAME	
STREET ADDRESS	3150 BLOSSOM DR	STREET ADDRESS	
CITY-ST-ZIP	W. BLOOMFIELD MI 48324	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	V VIOLA, CHARLES M	NAME	
STREET ADDRESS	4798 CALVERT	STREET ADDRESS	
CITY-ST-ZIP	TROY MI 48098	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	S REGAN, MICHAEL	NAME	
STREET ADDRESS	3150 BLOSSOM DR.	STREET ADDRESS	
CITY-ST-ZIP	W. BLOOMFIELD MI 48324	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-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.

SIGNATURE: *LORRIE A. VIOLA* **LORRIE A. VIOLA** DATE: **4-15-2000** DAYTIME PHONE #: **248-366-9447**

Signature and typed or printed name of signing officer or director

CR2E034 (9/99)