

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2001 8:00 am
Secretary of State

01-31-2001 90013 032 ***158.75

DOCUMENT # V13592

1. Entity Name

LAUREN SIERRA HOLDING CORPORATION

Principal Place of Business

% DARYL B. CRAMER, P.A.
515 N. FLAGLER DR., STE 910
WEST PALM BEACH FL 33401-4325

Mailing Address

% DARYL B. CRAMER, P.A.
515 N. FLAGLER DR., STE 910
WEST PALM BEACH FL 33401-4325

2. Principal Place of Business

Daryl Cramer & Assoc., P.A.

Suite, Apt. #, etc.

515 N. Flagler Dr., Ste. 910

City & State

West Palm Beach, FL

Zip

33401-4325

Country

USA

3. Mailing Address

c/o Daryl Cramer & Assoc., P.A.

Suite, Apt. #, etc.

515 N. Flagler Dr., Ste. 910

City & State

West Palm Beach, FL

Zip

33401-4325

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0313932

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Daryl Cramer & Associates, P.A.

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

515 N. Flagler Drive, Ste 910

City

West Palm Beach

FL

Zip Code

33401-4325

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

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

Daryl B. Cramer, President

(NOTE: Registered Agent signature required when reinstating)

DATE

1/31/01

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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	PSTD BANKS, GARRISON 1730 S MILITARY TR WEST PALM BEACH FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD Banks, Garrison S. 351 North Jog Road West Palm Beach, FL 33413	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-22-01

561-

965-9798

CR2E034 (10/00)