

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 09, 2001 8:00 am
Secretary of State

01-09-2001 90012 041 ***150.00

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DO NOT WRITE IN THIS SPACE

DOCUMENT # 617697

1. Entity Name
LERNER & KLISTON, P.A. CERTIFIED PUBLIC ACCOUNTA

Principal Place of Business Mailing Address
8211 W. BROWARD BLVD. STE. #375 8211 W. BROWARD BLVD. STE. #375
PLANTATION FL 33324 PLANTATION FL 33324

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.
City & State City & State

Zip Country Zip Country

4. FEI Number **59-1902292** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
KLISTON, TODD W
8211 W BROWARD BLVD #375
PLANTATION FL

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 _____ (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 \$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
TITLE NAME STREET ADDRESS CITY-ST-ZIP
PD **LERNER, PHILIP** ☐ Delete
8211 W BROWARD BLVD.
PLANTATION FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP
STD **KLISTON, TODD W** ☐ Delete
8211 W BROWARD BLVD.
PLANTATION FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ 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: Philip Lerner (PHILIP LERNER) 1/2/01 954-473-4900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)