## 2001 UNIFORM BUSINESS REPORT (UBR)

## Mar 21, 2001 8:00 am DOCUMENT:# 662656 **Secretary of State** 1. Entity Name L & M REALTY CORP. 03-21-2001 90059 038 \*\*\*150.00 Principal Place of Business Mailing Address 2131 HOLLYWOOD BLVD 2131 HOLLYWOOD BLVD STE 505 STE 505 C0036+62-HOLLYWOOD FL 33020 HOLLYWOOD FL 33020 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-1998873 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MILLER, ROBERT Street Address (P.O. Box Number is Not Acceptable) C/O ELLIOT D. STEIN, CPA 2131 HOLLYWOOD BLVD, STE 505 HOLLYWOOD FL 33020 City 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, typed or printed name of registered agent and title 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. 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 □ Change NAME LIERBERMAN, SYLVIA K NAME STREET ADDRESS STREET ADDRESS 3503 OAKS WAY, #406 CITY-ST-ZIP CITY-ST-ZIP POMPANO BEACH FL 33069 ☐ Delete ☐ Addition TITLE TITLE ☐ Change NAME MILLER, ROBERT L NAME STREET ADDRESS STREET ADDRESS 330 STANDARD BUILDING CITY-ST-7IP CITY-ST-ZIP CLEVELAND OH 44113 TITLE ☐ Delete TITLE Change ☐ Addition NAME STEIN, ELLIOT D NAME STREET ADDRESS 2131 HOLLYWOOD BLVD; #505---STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL 33020 ☐ Delete ☐ Addition TITLE TITLE ☐ Change NAME BERMAN, EDWARD M NAME STREET ADDRESS STREET ADDRESS 745 FIFTH AVE. CITY-ST-ZIP CITY-ST-ZIP NEW YORK NY 10151 Delete TITLE TITI F ☐ 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 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