

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 24, 2002 8:00 am**  
**Secretary of State**

03-24-2002 90034 015 \*\*\*150.00

**DOCUMENT # 662656**

1. Entity Name  
**L & M REALTY CORP.**

Principal Place of Business

**2131 HOLLYWOOD BLVD  
 STE 505  
 HOLLYWOOD FL 33020  
 US**

Mailing Address

**2131 HOLLYWOOD BLVD  
 STE 505  
 HOLLYWOOD FL 33020  
 US**

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 **59-1998873**

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

**MILLER, ROBERT  
 C/O ELLIOT D. STEIN, CPA  
 2131 HOLLYWOOD BLVD, STE 505  
 HOLLYWOOD FL 33020**

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

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

(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, 2002 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	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>LIERBERMAN, SYLVIA K</b>	
STREET ADDRESS	<b>3503 OAKS WAY, #406</b>	
CITY-ST-ZIP	<b>POMPANO BEACH FL 33069</b>	
TITLE	<b>V</b>	<input type="checkbox"/> Delete
NAME	<b>MILLER, ROBERT L</b>	
STREET ADDRESS	<b>330 STANDARD BUILDING</b>	
CITY-ST-ZIP	<b>CLEVELAND OH 44113</b>	
TITLE	<b>V</b>	<input type="checkbox"/> Delete
NAME	<b>STEIN, ELLIOT D</b>	
STREET ADDRESS	<b>2131 HOLLYWOOD BLVD., #505</b>	
CITY-ST-ZIP	<b>HOLLYWOOD FL 33020</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>BERMAN, EDWARD M</b>	
STREET ADDRESS	<b>745 FIFTH AVE.</b>	
CITY-ST-ZIP	<b>NEW YORK NY 10151</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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)(1), 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:**

*Robert Miller - L & M Realty*

*3-1-02*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)