

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P95000035205**

1. Entity Name

LF CONSULTING, INC.**FILED**
Feb 01, 2000 8:00 am
Secretary of State

02-01-2000 90068 016 ***150.00

Principal Place of Business

16690 SENTERRA DRIVE
DELRAY BEACH FL 33484

Mailing Address

16690 SENTERRA DRIVE
DELRAY BEACH FL 33484-6987

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

FRIEDMAN, LORETTA
16690 SENTERRA DRIVE
DELRAY BEACH FL 33484

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

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, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be**
Added to Fees

11. OFFICERS AND DIRECTORS

| | | |
|----------------|-----------------------|---------------------------------|
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | FRIEDMAN, BRUCE | |
| STREET ADDRESS | 7 CROSSBOW LANE | |
| CITY-ST-ZIP | WOODBURY NY 11797 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | FRIEDMAN, REGINA | |
| STREET ADDRESS | 7 CROSSBOW LANE | |
| CITY-ST-ZIP | WOODBURY NY 11797 | |
| TITLE | P | <input type="checkbox"/> Delete |
| NAME | FRIEDMAN, LORETTA | |
| STREET ADDRESS | 16690 SENTERRA DRIVE | |
| CITY-ST-ZIP | DELRAY BEACH FL 33484 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | |
|----------------|---|
| 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)(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 #

809685



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0584590

Applied For

Not Applicable

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

Loretta Friedman

5030 Champion Blvd #404

Boca Raton

33496-24

1-25-00

1-25-00 (501) 495-1520