

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 30, 2001 08:00 AM**
Secretary of State**DOCUMENT # P00000063154**1. Entity Name
LURIAS.COM, INC.

Principal Place of Business	Mailing Address
2455 HOLLYWOOD BOULEVARD	2455 HOLLYWOOD BOULEVARD
SUITE 106	SUITE 106
HOLLYWOOD FL	HOLLYWOOD FL
33020	33020

2. Principal Place of Business	3. Mailing Address
3389 SHERIDAN STREET	3389 SHERIDAN STREET

Suite, Apt. #, etc.	Suite, Apt. #, etc.
#208	#208

City & State	City & State
HOLLYWOOD FL	HOLLYWOOD FL

Zip	Country	Zip	Country
33021		33021	

4. FEI Number	Applied For
65-1019944	Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered AgentSPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUECORAL GABLES
33134

US

FL

7. Name and Address of New Registered AgentName
FRIER ANDREW MStreet Address (P.O. Box Number is Not Acceptable)
3389 SHERIDAN STREET

#208

City
HOLLYWOOD

FL

Zip Code
33021

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 **ANDREW M FRIER****04/30/2001**

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, 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	VD	<input type="checkbox"/> Delete
NAME	FUHRMAN DANIEL	
STREET ADDRESS	2455 HOLLYWOOD BOULEVARD	
CITY-ST-ZIP	HOLLYWOOD FL 33020	

TITLE	VD	<input type="checkbox"/> Delete
NAME	FRIEDMAN BETH C	
STREET ADDRESS	2455 HOLLYWOOD BOULEVARD	
CITY-ST-ZIP	HOLLYWOOD FL 33020	

TITLE	PSD	<input type="checkbox"/> Delete
NAME	FRIER ANDREW M	
STREET ADDRESS	2455 HOLLYWOOD BOULEVARD	
CITY-ST-ZIP	HOLLYWOOD FL 33020	

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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FUHRMAN DANIEL	
STREET ADDRESS	3389 SHERIDAN STREET, #208	
CITY-ST-ZIP	HOLLYWOOD FL 33021	

TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRIEDMAN BETH C	
STREET ADDRESS	3389 SHERIDAN STREET, #208	
CITY-ST-ZIP	HOLLYWOOD FL 33021	

TITLE	PSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRIER ANDREW M	
STREET ADDRESS	3389 SHERIDAN STREET, #208	
CITY-ST-ZIP	HOLLYWOOD FL 33021	

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: ANDREW M FRIER

PSD

04/30/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)