

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 10, 2002 8:00 am
Secretary of State

02-10-2002 90014 004 ***150.00

DOCUMENT # 302039

1. Entity Name
LERMAN & LERMAN, P.A.

Principal Place of Business C/O LERMAN AND LERMAN, P.A. 48 EAST FLAGLER STREET, PENTHOUSE 101 MIAMI FL 33131	Mailing Address C/O LERMAN AND LERMAN, P.A. 48 EAST FLAGLER STREET, PENTHOUSE 101 MIAMI FL 33131
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2. Principal Place of Business **3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1114777**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

LERMAN, ISIDORO
48 EAST FLAGLER STREET, PENTHOUSE 101
MIAMI FL 33131

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 **\$5.00 May Be Added to Fees**
Trust Fund Contribution. ☐

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD	TITLE	
NAME	LERMAN, ISIDORO	NAME	
STREET ADDRESS	9655 E BAY HARBOR DR.	STREET ADDRESS	
CITY-ST-ZIP	BAY HARBOR FL	CITY-ST-ZIP	
TITLE	STD	TITLE	
NAME	LERMAN, LUISA	NAME	
STREET ADDRESS	9655 E BAY HARBOR DR.	STREET ADDRESS	
CITY-ST-ZIP	BAY HARBOR FL	CITY-ST-ZIP	
TITLE	VST	TITLE	
NAME	LERMAN, JORGE	NAME	
STREET ADDRESS	10,270 S.W. 92ND TERR	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: _____ **1/18/02**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #