

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # 490576**

1. Entity Name

**CAPITOL LIGHTING - BOCA RATON, INC.**

Principal Place of Business

**365 ROUTE 10  
EAST HANOVER NJ 07936**

Mailing Address

**365 ROUTE 10  
EAST HANOVER NJ 07936**

2. Principal Place of Business

Suite, Apt. #, etc.

City &amp; State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City &amp; State

Zip

Country

6. Name and Address of Current Registered Agent

**LEBERSFELD, KENNETH  
4441 WOODFIELD BLVD  
BOCA RATON FL 33434**

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, 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	PD	<input type="checkbox"/> Delete
NAME	LEBERSFELD, HERMAN	
STREET ADDRESS	10 PRINCETON TERRACE	
CITY-ST-ZIP	SHORTHILLS NJ 07078	
TITLE	VST	<input type="checkbox"/> Delete
NAME	LEBERSFELD, MAX	
STREET ADDRESS	44 NORTH RD.	
CITY-ST-ZIP	SHORTHILLS NJ 07078	
TITLE	D	<input type="checkbox"/> Delete
NAME	LEBERSFELD, MAX	
STREET ADDRESS	44 NORTH RD.	
CITY-ST-ZIP	SHORTHILLS NJ 07078	
TITLE	ASD	<input type="checkbox"/> Delete
NAME	LEBERSFELD, KENNETH	
STREET ADDRESS	4441 WOODFIELD BLVD	
CITY-ST-ZIP	BOCA RATON FL	
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		
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

**MAX LEBERSFELD, P.A.**

Date

**1/11/01**

Daytime Phone #

**973-887-8600****FILED****Jan 22, 2001 8:00 am  
Secretary of State**

01-22-2001 90113 041 \*\*\*150.00

**605957**

DO NOT WRITE IN THIS SPACE

4. FEI Number **59-1642723**

Applied For

Not Applicable

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

CR2E034 (10/00)

0608341