

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 514973

1. Entity Name
FRANK A. LESTER AND ASSOCIATES, INC.

Principal Place of Business Mailing Address
14709 S.W. 110TH TERR. 14709 S.W. 110TH TERR.
MIAMI FL 33196 MIAMI FL 33196

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 59-1750446

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

LESTER, FRANK A
14709 S.W. 110TH TERR.
MIAMI FL 33196

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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
NAME LESTER, FRANK A
STREET ADDRESS 14709 S.W. 110TH TERR.
CITY-ST-ZIP MIAMI FL 33196 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-9-01

Date Daytime Phone #

FILED
Aug 31, 2001 8:00 am
Secretary of State

08-31-2001 90115 041 ***150.00



DO NOT WRITE IN THIS SPACE

AV 6890900

CR2E034 (5/01)

Frank A. Lester
& Assoc., Inc.

Tel: 305/382-7748 Fax: 305/382-5162

E-Mail falmiami@aol.com

14709 SW 110th Terrace - Miami, FL 33196

attachment
P# 514973
00063160

August 19, 2001

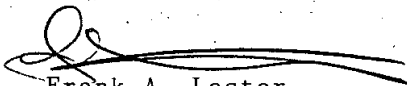
To whom it may concern
Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

We recently received our form for the 2001 Uniform Business report, which we are including herewith along with our check in the amount of \$150.00.

When we received this we immediately called your office and informed them that we had not received any prior notice. They told us to complete the form and send it in with the original amount of \$150.00.

We would like to take this opportunity to thank you and your staff for their consideration and assistance in this matter.

Sincerely,


Frank A. Lester
President