

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 90878 018 ***150.00

DOCUMENT # 520739 ✓

1. Entity Name
LEMARE CONSTRUCTION INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
8400 PASADENA BLVD.

3. Mailing Address
SAME

Suite, Apt. #, etc.
PEMBROKE PINES, FL.

Suite, Apt. #, etc.

City & State
33024

City & State

Zip
33024

Country
BROWARD

Zip

Country

4. FEI Number
209-24-4256

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
JERRY SELIGMAN

Street Address (P.O. Box Number is Not Acceptable)
8400 PASADENA BLVD

PEMBROKE PINES, FL. 33024
City Zip Code
FL

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)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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
NAME
STREET ADDRESS
CITY-ST-ZIP
PRESIDENT
JERRY SELIGMAN
8400 PASADENA BLVD.
PEMBROKE PINES, FL. 33024

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VICE PRESIDENT
LEE SELIGMAN
3900 N. 45 AV.
HOLLYWOOD, FL. 33021

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SECRETARY
RENA SELIGMAN
8400 PASADENA BLVD.
PEMBROKE PINES, FL. 33024

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Jerry Seligman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-02 954-432-7919
Date Daytime Phone #

CR2E034B (12/01)