

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Mar 06, 2001 08:00 AM
Secretary of State

DOCUMENT # 592345

1. Entity Name
LERNER AND GREENBERG, P.A.

Principal Place of Business
2200 HOLLYWOOD BLVD
HOLLYWOOD FL 33020 US

Mailing Address
P.O. BOX 2480
HOLLYWOOD FL 33022-2480 US

2. Principal Place of Business
2445 HOLLYWOOD BLVD

3. Mailing Address

Suite, Apt. #, etc.

City & State
HOLLYWOOD FL

City & State

Zip Country
33020 US

Zip Country

4. FEI Number
59-1859993

Applied For
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 Agent

GREENBERG LAURENCE A
2200 HOLLYWOOD BLVD.

HOLLYWOOD FL 33020 US

7. Name and Address of New Registered Agent

Name
GREENBERG LAURENCE A

Street Address (P.O. Box Number is Not Acceptable)
2445 HOLLYWOOD BLVD

City
HOLLYWOOD FL

Zip Code
33020

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 03/06/2001

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 \$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 PSTD ☐ Delete
NAME GREENBERG LAURENCE A
STREET ADDRESS 5911 SW 33 LANE
CITY-ST-ZIP FT. LAUDERDALE FL 33312

TITLE VP ☐ Delete
NAME LERNER HERBERT L
STREET ADDRESS 1201 S OCEAN DR, APT. 1512N
CITY-ST-ZIP HOLLYWOOD FL 33019

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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TITLE ☐ Change ☐ 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: LAURENCE A. GREENBERG

PRES 03/06/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)