

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 612755

1. Entity Name

LEHMAN MANUFACTURING COMPANY, INC.

FILED
Jul 24, 2001 8:00 am
Secretary of State

07-24-2001 90012 004 ***550.00

0000075

Principal Place of Business

Mailing Address

3700 NE 6TH DRIVE
BOCA RATON FL 33431399 NW 2ND AVE
BOCA RATON FL 33432

AUU78597

2. Principal Place of Business

3. Mailing Address

1200 South Pine Island Rd

1555 E. Flamingo Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 155

City & State

Plantation FL

City & State

Las Vegas NV

Zip

33324

Country

USA

Zip

89119

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number 22-1868987

Applied For

Not Applicable

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

LEHMAN, ROGER
3700 NE 6TH DRIVE
BOCA RATON FL 33431

Name

CT Corporation System

Street Address (P.O. Box Number is not Acceptable)

1200 South Pine Island Road

City

Plantation

State

FL

Zip Code

33324

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 State10. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VD ☒ Delete
NAME LEHMAN, ROGER
STREET ADDRESS 3700 NE 6TH DR
CITY-ST-ZIP BOCA RATON, FL 00000TITLE STD ☒ Delete
NAME LEHMAN, JEANNE A
STREET ADDRESS 3700 NE 6TH DR
CITY-ST-ZIP BOCA RATON, FL 00000TITLE PD ☒ Delete
NAME LEHMAN, JOAN T
STREET ADDRESS 76 LAIGHT ST
CITY-ST-ZIP NEW YORK NYTITLE T ☒ Delete
NAME RHINE, SCOTT T
STREET ADDRESS 399 N.W. BOCA RATON BLVD
CITY-ST-ZIP BOCA RATON FL 33432TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE Director - President ☒ Change ☐ Addition
NAME Preston Golden
STREET ADDRESS 1555 E. Flamingo Rd, Suite 155
CITY-ST-ZIP Las Vegas, NV 89119TITLE VP, ST ☒ Change ☐ Addition
NAME Dali Islam
STREET ADDRESS 1555 E. Flamingo Rd, Suite 155
CITY-ST-ZIP Las Vegas, NV 89119TITLE AT ☒ Change ☐ Addition
NAME William J. Pastiglione
STREET ADDRESS 1555 E. Flamingo Rd, Suite 155
CITY-ST-ZIP Las Vegas, NV 89119TITLE VP ☐ Change ☐ Addition
NAME Charles E. Matthews
STREET ADDRESS 1555 E. Flamingo Rd, Suite 155
CITY-ST-ZIP Las Vegas, NV 89119TITLE VP ☐ Change ☒ Addition
NAME William T. Collins
STREET ADDRESS 1555 E. Flamingo Rd, Suite 155
CITY-ST-ZIP Las Vegas, NV 89119TITLE AS ☐ Change ☒ Addition
NAME Janice A. Sullivan
STREET ADDRESS 1555 E. Flamingo Rd, Suite 155
CITY-ST-ZIP Las Vegas, NV 89119

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

Date

Daytime Phone #

CR2E034 (1/0/00)