

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State
05-05-2003 90149 009 ***150.00

0657186 AT

DOCUMENT # F96000006775

1. Entity Name
LEHRER BRILLENPERFEKTION WERKS, INC.



Principal Place of Business
20801 NORDHOFF STREET
CHATSORTH CA 91311

Mailing Address
20801 NORDHOFF STREET
CHATSORTH CA 91311



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 **95-3927207**

Applied For
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FUENTES, MARLENE

Name

~~0555 N.W. 29TH ST.~~ **7311 N.W. 12th St.**
~~MIAMI FL 33122~~ **MIAMI, FL. 33122**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PC** ☐ Delete
NAME **LEHRER, KEITH**
STREET ADDRESS **20801 NORDHOFF ST.**
CITY-ST-ZIP **CHATSORTH CA 91311**

☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VS** ☐ Delete
NAME **LEHRER, CHETT**
STREET ADDRESS **20801 NORDHOFF ST.**
CITY-ST-ZIP **CHATSORTH CA 91311**

☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **CFO** ☐ Delete
NAME **Charles A. Showers**
STREET ADDRESS **20801 Nordhoff St.**
CITY-ST-ZIP **Chatsworth, CA. 91311**

☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition
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☐ Change ☐ Addition
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NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Charles A. Showers
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-1-03

818-407-1890

Date

Daytime Phone #

CRCE034 (10/02)