

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 11, 2000 8:00 am**  
**Secretary of State**

02-11-2000 90039 004 \*\*\*150.00

**DOCUMENT # G33204**

1. Entity Name

**LEMPAL ENTERPRISES, INC.**

Principal Place of Business

Mailing Address

2810 OLD ORCHARD RD  
 DAVIE FL 33328  
 US

2810 OLD ORCHARD RD  
 DAVIE FL 33328-6913  
 US

2. Principal Place of Business

3. Mailing Address

5700 Coco Nut Creek Pkwy

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Margate FL

4. FEI Number

59-2278018

Applied For

Not Applicable

Zip

Country

Zip

Country

33063

Broward

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MANNING, ROGER L  
 2810 OLD ORCHARD RD  
 DAVIE FL 33328

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

*Roger L Manning*

*Roger L Manning*

*Pres*

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	MANNING, ROGER L.	
STREET ADDRESS	2810 OLD ORCHARD RD	
CITY-ST-ZIP	DAVIE FL	
TITLE	ST	<input type="checkbox"/> Delete
NAME	MANNING, MONIQUE A.	
STREET ADDRESS	2810 OLD ORCHARD RD	
CITY-ST-ZIP	DAVIE FL 33328	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Roger L Manning* ROGER L MANNING

Date

1-20-00

Daytime Phone #

954 974-

9594