

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 04, 2003 8:00 am
Secretary of State

02-04-2003 90087 029 ***150.00

DOCUMENT # J74443

1. Entity Name
LEMACO, INC.



Principal Place of Business
% JEFFREY MARK SACKS
3225 N.W. 106 TERRACE
SUNRISE FL 33351

Mailing Address
% JEFFREY MARK SACKS
3225 N.W. 106 TERRACE
SUNRISE FL 33351



2. Principal Place of Business
4344 NW 62 Avenue

3. Mailing Address
4344 NW 62 Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Coconut Springs FL

City & State
Coconut Springs, FL

Zip
33067

Country
Bravard

Zip
33067

Country
Bravard

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-2831789**

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

SACKS, JEFFREY MARK
3225 N.W. 106 TERRACE
SUNRISE FL 33351

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. 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
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
SACKS, JEFFREY MARK
3225 NW 106 TERR
SUNRISE FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
4344 NW 62 Ave
Coconut Springs FL ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
SACKS, GAIL M.
3225 NW 106 TERR
SUNRISE FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
4344 NW 62 Ave
Coconut Springs FL ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ Delete

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

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/31/03

Date

954-748-0541

Daytime Phone #

CR2E034 (10/02)