0144820
Ą

FILED

Jan 14, 2002 8:00 am

(964) 922-655F

1- 5-2002

2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

DOCUMENT # Secretary of State K69881 1. Entity Name 01-14-2002 90034 048 ***150.00 LZ ASSOCIATES, INC. Principal Place of Business Mailing Address 1039 HARRISON STREET 1039 HARRISON STREET HOLLYWOOD FL 33019 HOLLYWOOD FL 33019 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For NOT APPLICABLE Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SCHWARTZ, MILLIE Street Address (P.O. Box Number is Not Acceptable) 1039 HARRISON STREET HOLLYWOOD FL 33019 Zip Code City FL 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. TITLE ☐ Delete TITLE ☐ Change ☐ Addition SCHWARTZ, MILLER NAME NAME STREET ADDRESS 1039 HARRISON STREET STREET ADDRESS HOLLYWOOD FL 33019 CITY-ST-ZIP CITY-ST-ZIF TITLE ☐ Delete TITLE ☐ Change Addition SCHWARTZ, MARTIN J NAME NAME STREET ADDRESS 1039 HARRISON STREET STREET ADDRESS HOLLYWOOD FL 33019 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change TITI F ☐ Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Change TITLE ☐ Delete Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 13. I hereby certify that the information supplied with this fing 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.