

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 26, 2001 8:00 am**  
**Secretary of State**

03-26-2001 90148 009 \*\*\*150.00

**DOCUMENT # K73701**

1. Entity Name  
**AARON STUDIO ENTERPRISES, INC.**

Principal Place of Business

2632 HOLLYWOOD BLVD  
 SUITE 307  
 HOLLYWOOD FL 33020

Mailing Address

2632 HOLLYWOOD BLVD  
 SUITE 307  
 HOLLYWOOD FL 33020

2. Principal Place of Business

4040 N. 29th Ave  
 Suite, Apt. #, etc.

3. Mailing Address

4040 N. 29th Ave  
 Suite, Apt. #, etc.

City & State

Hollywood, FL

City & State

Hollywood, FL

4. FEI Number 65-0119528

Applied For  
 Not Applicable

Zip  
 33020

Country  
 USA

Zip  
 33020

Country  
 USA

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

6. Name and Address of Current Registered Agent

KENNETH J. SCHWARTZ  
 4699 S.W. 72ND AVE  
 MIAMI FL 33155

7. Name and Address of New Registered Agent

Name **LLOYD GOLDSHOLLE**  
 Street Address (P.O. Box Number is Not Acceptable)  
 4040 N. 29th Avenue  
 Hollywood, FL 33020  
 City **FL** Zip Code **33020**

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

*Lloyd Goldsholle V. Pres.*

3/21/01

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 State**

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

11. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete  
 NAME **LEHMANN, JEFFERY**  
 STREET ADDRESS **2632 HOLLYWOOD BLVD. STE 307**  
 CITY-ST-ZIP **HOLLYWOOD FL 33020**

TITLE **V** ☐ Delete  
 NAME **GOLDSHOLLE, LLOYD**  
 STREET ADDRESS **2632 HOLLYWOOD BLVD STE 307**  
 CITY-ST-ZIP **HOLLYWOOD FL 33020**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
 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: *Lloyd Goldsholle* **LLOYD GOLDSHOLLE** **V.P.** **2/27/01** **954-920-4620**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)