

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2002 8:00 am
Secretary of State

05-16-2002 90084 045 ***158.75

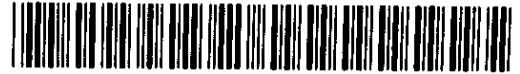
DOCUMENT # K91413

1. Entity Name
SIZELER REAL ESTATE OF FLORIDA, INC.

Principal Place of Business
250 AVSTRALIAN AVE SOUTH
SUITE 500
WEST PALM BEACH FL 33401
US

Mailing Address
% DAVID A. GART
250 AUSTRALIAN AVENUE SOUTH
WEST PALM BEACH FL 33401
US

360405



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

2542 Williams Boulevard
 Suite, Apt. #, etc.
Attention: Legal Dept.

Suite, Apt. #, etc.

City & State

City & State

Kenner, LA

4. FEI Number

72-1145122

Applied For

Not Applicable

Zip

Country

Zip
70062

Country
USA

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

GART, DAVID
SHUTTS & BOWEN
250 AUSTRALIAN AVE. S., SUITE 500
W. PALM BEACH FL 33401

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

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, 2002 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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
ST
CHERAMIE, GUY M
2542 WILLIAMS ROAD
KENNER LA ☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
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P
LEFKOWITZ, HOWARD
2491 E.OKEECHOBEE BLVD
WEST PALM BCH FL ☐ Delete

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 CITY-ST-ZIP
☐ Change ☐ Addition

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.

Guy M. Cheramie, Secretary/Treasurer

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/02 (504) 471-6200

Date

Daytime Phone #

CR2E034 (9/01)