5/22/2002-90205-038-$50.00-$50.00

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000016523

1. Entity Name
LERA, LC

FILED
2002 DEC 19 PM 12:20
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

| Principal Place of Business | Mailing Address |
|---|---|
| 5295 NW 161 STREET<br>MIAMI FL 33104 | 5295 NW 161 STREET<br>MIAMI FL 33104 |

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 660 W 83 ST | SAME |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: Hialeah FL 33014 | City & State |
| Zip: 33014 / Country | Zip / Country |

4. FEI Number 65-1153991 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| PAYNE, TODD S ESQ.<br>ZEBERSKY, PAYNE & KUSHNER, LLP<br>4000 HOLLYWOOD BLVD., SUITE 400-NORTH<br>HOLLYWOOD FL 33021 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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

**FILE NOW!!! FEE IS $50.00**
**Make Check Payable to Department of State**
**Due By May 1, 2002**

| 9. MANAGING MEMBERS/MANAGERS | | 10. PRESIDENT ADDITIONS/CHANGES | |
|---|---|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | LEON BEKERMAN ☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | LEON BEKERMAN<br>660 W 83 ST<br>Hialeah FL 33014 ☒ Change ☐ Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | RAUL CASTILLA<br>VICE PRESIDENT<br>660 W 83 ST<br>Hialeah FL 33014 ☐ Change ☐ Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | Secretary<br>FRENY BEKERMAN<br>660 W 83 ST<br>HIALEAH FL 33014 ☐ Change ☐ Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Change ☐ Addition |

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:** SIGNATURE REQUIRED 6-15-02 (305) 812-0200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

CR2E083 (9/01)