

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000016523

1. Entity Name  
**LERA, LC**

FILED

2002 DEC 19 PM 12:20

DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

Principal Place of Business  
5295 NW 161 STREET  
MIAMI FL 33104

Mailing Address  
5295 NW 161 STREET  
MIAMI FL 33104

2. Principal Place of Business  
**660 W 83 ST**  
Suite, Apt. #, etc.

3. Mailing Address  
**SAME**  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State  
**Hialeah FL 33014**

City & State

4. FEI Number  
**65-1153991**

Applied For  
 Not Applicable

Zip  
**33014**

Country

Zip

Country

5. Certificate of Status Desired  **\$5.00** Additional Fee Required

### 6. Name and Address of Current Registered Agent

**PAYNE, TODD S ESQ.  
ZEBERSKY, PAYNE & KUSHNER, LLP  
4000 HOLLYWOOD BLVD., SUITE 400-NORTH  
HOLLYWOOD FL 33021**

### 7. Name and Address of New Registered Agent

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

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

### 9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>LEON BEKERMAN</b> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

### 10. PRESIDENT/ ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>LEON BEKERMAN</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>660 W 83 ST Hialeah FL 33014</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>PAUL CASTILHA VICE PRESIDENT 660 W 83 ST Hialeah FL 33014</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>SECRETARY PENNY BEKERMAN 660 W 83 ST Hialeah FL 33014</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

CR2E083 (9/01)

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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) 812-0207

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #