

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 01, 2000 8:00 am**  
**Secretary of State**

05-01-2000 90043 029 \*\*\*150.00

**DOCUMENT # L41672**

1. Entity Name

~~JEFFREY A. LICKER LEGAL CONSULTANT, INC.~~  
**LEGAL CONSULTING AND DAY Trading Corp.**

Principal Place of Business

Mailing Address

3595 INVERRY BLVD. WEST  
 LAUDERHILL FL 33319  
 US

3595 INVERRY BLVD. WEST  
 LAUDERHILL FL 33319-7116  
 US

2. Principal Place of Business

3. Mailing Address

**3131 Inverry Blvd West**

**3131 INVERRY BLVD WEST**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**#135**

**#135**

City & State

City & State

**LAUDERHILL FL**

**LAUDERHILL FL**

Zip

Zip

Country

Country

**33315**

**Broward**

**33315**

**Broward**

4. FEI Number

**65-0179246**

Applied For

Not Applicable

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

**LICKER, JEFFREY A.**  
**4975 SABEL PALM BLVD #210**  
**TAMARAC FL 33319**

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, 2000 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	PD	<input checked="" type="checkbox"/> Delete
NAME	LICKER, JEFFREY A.	
STREET ADDRESS	3547 INVERRY BLVD., WEST	
CITY-ST-ZIP	TAMARAC FL 33319	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	LICKER, HAROLD	
STREET ADDRESS	4975 SABEL PALM BLVD.	
CITY-ST-ZIP	TAMARAC FL	
TITLE	JAY SCHNEIDER P/D	<input type="checkbox"/> Delete
NAME	3131 Inverry Blvd West #135	
STREET ADDRESS	LAUDERHILL FL 33319	
CITY-ST-ZIP		
TITLE	Richard Klein T/D	<input type="checkbox"/> Delete
NAME	3131 Inverry Blvd West	
STREET ADDRESS	LAUDERHILL FL 33319	
CITY-ST-ZIP		
TITLE	HAROLD LICKER V.P. / D	<input type="checkbox"/> Delete
NAME	4975 Sabel Palm Blvd #210	
STREET ADDRESS	TAMARAC FL 33319	
CITY-ST-ZIP		
TITLE	JEFFREY A. LICKER, S/D	<input type="checkbox"/> Delete
NAME	4975 Sabel Palm Blvd #210	
STREET ADDRESS	TAMARAC FL 33319	
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4/26/00** **954-746-4388**

CR2E034 (9/99)