

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2001 8:00 am
Secretary of State

02-13-2001 90053 045 ***150.00

0250775

DOCUMENT # M25092

1. Entity Name
LEHRER AND COMPANY, INC.

Principal Place of Business

**4850 W. PROSPECT RD.
 FT. LAUDERDALE FL 33309**

Mailing Address

**4850 W. PROSPECT RD.
 FT. LAUDERDALE FL 33309**

2. Principal Place of Business

1920 Parkside Circle South

3. Mailing Address

1920 Parkside Circle South

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Boca Raton, Florida

City & State

Boca Raton, Florida

4. FEI Number

59-2663380

Applied For

Not Applicable

Zip

33486-8588

Country

USA

Zip

33486-8588

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**LEHRER, PAUL R.
 4850 W PROSPECT RD
 FT. LAUDERDALE FL 33309**

7. Name and Address of New Registered Agent

Name

Same

Street Address (P.O. Box Number is Not Acceptable)

1920 Parkside Circle South

City

Boca Raton

FL

Zip Code

33486

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 **Paul R. Lehrer**

January 19, 2001

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 **PSD**
 NAME **LEHRER, PAUL R.**
 STREET ADDRESS **4850 W. PROSPECT ROAD**
 CITY-ST-ZIP **FT. LAUDERDALE FL**

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **Same**
 NAME **Same**
 STREET ADDRESS **1920 Parkside Circle South**
 CITY-ST-ZIP **Boca Raton, FL 33486-8588**

☒ Change ☐ Addition

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☐ 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)