

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2000 8:00 am
Secretary of State

02-14-2000 90006 007 ***150.00

DOCUMENT # M44073

1. Entity Name
LFR CORP.

Principal Place of Business BRICKELL KEY DR 505 FL 33131	Mailing Address 601 BRICKELL KEY DR SUITE 505 MAIMI FL 33131-2652 US
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AUUCU044



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number 59-2747410	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
RUWITCH, LEE
12030 S.W. 69TH PLACE
MIAMI FL 33156

7. Name and Address of New Registered Agent
 Name: **Robert Ruwitch**
 Street Address (P.O. Box Number is Not Acceptable):
601 Brickell Key Drive
Suite 505
 City: **Miami** FL Zip Code: **33131**

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: **Robert Ruwitch, President** DATE: **2/3/00**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	
TITLE D	<input checked="" type="checkbox"/> Delete
NAME RUWITCH, LEE	
STREET ADDRESS 12030 S.W. 69TH PL.	
CITY-ST-ZIP MIAMI FL	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P/S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME Robert Ruwitch	
STREET ADDRESS 601 Brickell Key Drive Suite 505	
CITY-ST-ZIP Miami FL 33131	
TITLE VP/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME Francien Ruwitch	
STREET ADDRESS 601 Brickell Key Drive Suite 505	
CITY-ST-ZIP Miami FL 33131	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: **Robert Ruwitch** DATE: **2/3/00** DAYTIME PHONE #: **(305) 577-3902**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)