

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M77798

1. Entity Name  
LAUTIN DOHM REALTY, INC.

**FILED**  
**Apr 23, 2001 8:00 am**  
**Secretary of State**

04-23-2001 90175 035 \*\*\*150.00

Principal Place of Business

Mailing Address

~~805 EAST BROWARD BLVD~~  
~~SUITE 201~~  
~~FT. LAUDERDALE FL 33301~~  
US

~~3317 NE 10 STREET~~  
~~FORT LAUDERDALE FL 33304~~  
US



2. Principal Place of Business

3. Mailing Address

3215 N.W 10 TERRACE

3215 N.W 10 TERRACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 209

SUITE 209

City & State

City & State

FT. LAUDERDALE, FL

FT. LAUDERDALE, FL

Zip

Country

Zip

Country

33309

BROWARD

33309

BROWARD

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0061549

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

LAUTIN, LEWIS

~~805 EAST BROWARD BLVD~~  
~~FT. LAUDERDALE FL 33301~~

Name

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

3215 N.W 10 TERRACE

SUITE 209

City

FT. LAUDERDALE

FL

Zip Code

33309

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD  
NAME LAUTIN, LEWIS J.  
STREET ADDRESS ~~3317 NE 10 ST~~  
CITY-ST-ZIP ~~FT. LAUDERDALE FL~~

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 3215 N.W 10 TERRACE # 209  
CITY-ST-ZIP FT. LAUDERDALE, FL 33309

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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, without other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)