

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

02 NOV 21 PM 12:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000007500

The Law Offices of Frederick M. Lehrer, P.A.

DO NOT WRITE IN THIS SPACE

600008762056
11/01/02--01085--012 **\$1.25

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2 East Camino Real		3. Mailing Address 2 East Camino Real	
Suite, Apt. #, etc. Suite 202		Suite, Apt. #, etc. Suite 202	
City & State Boca Raton, Fl		City & State Boca Raton, Fl	
Zip 33432	Country Palm Beach	Zip 33432	Country Palm Beach

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

DO NOT WRITE
IN THIS SPACE

Name

Frederick M. Lehrer

Street Address (P.O. Box Number is Not Acceptable)
2 East Camino Real

Suite 202

City

Boca Raton

FL

Zip Code

33432

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

Frederick M. Lehrer

10/14/02

Signature, typed or printed name of registered agent and that it applies.

(NOTE: Registered Agent signature required when changing)

DATE

9. This corporation is eligible to satisfy its intangible
tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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	sole officer and director
NAME	Frederick M. Lehrer
STREET ADDRESS	2 East Camino Real Suite 202
CITY - ST - ZIP	Boca Raton Florida 33432

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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IN THIS SPACE

13. 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 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 on an attachment with an address, with all other life empowered.

SIGNATURE:

Frederick M. Lehrer

10/14/02 561.416.8956

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Deputy Phone #

CR2E034B (12/01)