

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 17, 2003 8:00 am**  
**Secretary of State**

03-17-2003 91106 004 \*\*\*150.00

DOCUMENT # P00000012554

1. Entity Name

Luntz & Luntz, P.A.



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
10 Fairway Drive

Suite, Apt. #, etc.  
Suite 103

City & State  
Deerfield Beach, FL

Zip  
33441

Country  
USA

3. Mailing Address  
10 Fairway Drive

Suite, Apt. #, etc.  
Suite 103

City & State  
Deerfield Beach, FL

Zip  
33441

Country  
USA

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4. FEI Number  
65-0977596

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**7. Name and Address of Current Registered Agent**

Name  
Beverley Luntz, Esq.

Street Address (P.O. Box Number is Not Acceptable)  
10 Fairway Drive Suite 103

City  
Deerfield Beach

FL

Zip Code  
33441

**DO NOT WRITE  
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PST  
Beverley Luntz  
3934 NW 57th Street  
Boca Raton, FL 33496

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VP  
Melvyn Luntz  
3934 NW 57th Street  
Boca Raton, FL 33496

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
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CITY-ST-ZIP

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IN THIS SPACE**

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Beverley Luntz

(954) 596-2527

Date

Daytime Phone #

CR2E034B (12/02)