

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000018287

1. Entity Name

LAZAR CONSULTING & TRAINING, INC.

FILED

Apr 04, 2001 8:00 am
Secretary of State

04-04-2001 90099 014 ***150.00

Principal Place of Business

Mailing Address

7601 TAMARIND AVENUE
TAMPA FL 33625

7601 TAMARIND AVENUE
TAMPA FL 33625

2. Principal Place of Business

5000 Culbreath Key Way

3. Mailing Address

5000 Culbreath Key Way

Suite, Apt. #, etc.

8-226

Suite, Apt. #, etc.

8-226

City & State

TAMPA FL

City & State

TAMPA FL

4. FEI Number

59-3627141

Applied For

Not Applicable

Zip

33611

Country

USA

Zip

33611

Country

USA

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

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

Name

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

City

FL

Zip Code

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 PSTD ☐ Delete
NAME LAZAR, RICAHRD T
STREET ADDRESS 7601 TAMARIND AVENUE
CITY-ST-ZIP TAMPA FL 33625

TITLE ☒ Change ☐ Addition
NAME 5000 Culbreath Key Way
STREET ADDRESS # 8-226
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Richard Todd Lazar

2-21-01

813-230-1364

CR2E034 (10/00)