

DOCUMENT # P0000030962

FILED
Jan 10, 2001 8:00 am
Secretary of State

01-10-2001 90075 044 ***150.00



DO NOT WRITE IN THIS SPACE

1. Entity Name
FALCON & LESSER INVESTMENTS, INC.

Principal Place of Business
POST OFFICE BOX 824095
SOUTH FLORIDA FL 33082-4095

Mailing Address
POST OFFICE BOX 824095
SOUTH FLORIDA FL 33082-4095

2. Principal Place of Business
3811 SW 185 AVE.

3. Mailing Address
3811 SW 185 AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
MIRAMAR, FL.

City & State
MIRAMAR, FL.

4. FEI Number
65-1006732

Applied For
Not Applicable

Zip
33029

Country
USA

Zip
33029

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

**LESSER, KARL
380 GIRALDA AVE. #406
CORAL GABLES FL 33134**

Name
KARL LESSER
Street Address (P.O. Box Number is Not Acceptable)
3811 SW 185 AVE
City **MIRAMAR** FL Zip Code **33029**

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

[Signature]
(NOTE: Registered Agent signature required when reinstating)

1-4-2001
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	D	<input type="checkbox"/> Delete
NAME	LESSER, KARL	
STREET ADDRESS	380 GIRALDA AVE. #406	
CITY-ST-ZIP	CORAL GABLES FL 33134	
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		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KARL LESSER	
STREET ADDRESS	3811 SW 185 AVE.	
CITY-ST-ZIP	MIRAMAR, FL. 33029	
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		
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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KARL LESSER, PRESIDENT

1-4-2001 954-441-5999
Date Daytime Phone #

CR2E034 (10/00)