

FILED
May 13, 2002 8:00 am
Secretary of State

2002

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

05-13-2002 90096 020 ***150.00

DOCUMENT # P00D00034425

1. Entity Name

THE LEFKO CORPORATION

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
6177 NW 50TH STREET
Suite, Apt. #, etc.

3. Mailing Address
6177 NW 50TH STREET
Suite, Apt. #, etc.

City & State
CORAL-SPRINGS FL

City & State
CORAL-SPRINGS FL

4. FEI Number
65-1011248

Applied For
Not Applicable

Zip
FL 33067

Zip
FL 33067

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
CHARLES H. LICHTMAN, ESQ.
Street Address (P.O. Box Number is Not Acceptable)
100 SE 2ND AVENUE

City
MIAMI FL Zip Code
33131

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

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$81.25
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
NAME
STREET ADDRESS
CITY - ST - ZIP
DIRECTOR
HOWARD K. LEFKOWITZ
6177 NW 50TH STREET
CORAL SPRINGS FL 33067

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DIRECTOR
JANE LEFKOWITZ
6177 NW 50TH STREET
CORAL SPRINGS FL 33067

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Howard K. Lefkowitz

April 26/02 954 757 4544

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)