

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000044872

1. Entity Name

L & H REALTY INVESTMENT CORP.

Principal Place of Business

19500 NE 22ND AVE  
MIAMI FL 33180

Mailing Address

19500 NE 22ND AVE  
MIAMI FL 33180

2. Principal Place of Business

1047 E. Atlantic Ave

3. Mailing Address

1047 E. Atlantic Ave

Suite, Apt. #, etc.

(As of May 15, 2001)

Suite, Apt. #, etc.

City & State

Del Ray Beach, FL

City & State

Del Ray Beach FL

Zip

33483

Country

USA

Zip

33483

Country

USA

6. Name and Address of Current Registered Agent

BARBIERI, FRANK A JR  
3200 N MILITARY TR, STE. 200  
BOCA RATON FL 33431

7. Name and Address of New Registered Agent

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

TITLE **D** ☐ Delete  
NAME **HENIG, LESLIE N**  
STREET ADDRESS **19500 NE 22ND AVE**  
CITY-ST-ZIP **MIAMI FL 33180**

TITLE **D** ☐ Delete  
NAME **HORGER, LEONARD R**  
STREET ADDRESS **4605 NW 24TH AVE**  
CITY-ST-ZIP **BOCA RATON FL 33431**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Change ☐ Addition  
NAME **HENIG, LESLIE N**  
STREET ADDRESS **1047 EAST ATLANTIC AVE**  
CITY-ST-ZIP **Del Ray Beach, FL 33483**

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

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

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

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

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

4-24-01 561-243-2990

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)

**FILED**  
**May 10, 2001 8:00 am**  
**Secretary of State**

05-10-2001 90042 024 \*\*\*150.00