

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P00000060296

1. Entity Name
LERMAN MANTZOR INVESTMENTS, INC.



FILED

07 APR 30 AM 7:51

CLERK OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
4800 LYONS TECHNOLOGY PARKWAY
1
COCONUT CREEK, FL 33073

Mailing Address
4800 LYONS TECHNOLOGY PARKWAY
UNIT 1
COCONUT CREEK, FL 33073

2. Principal Place of Business - No P.O. Box #
6401 E. Rogers Circle
Suite, Apt. #, etc.
Unit 5

3. Mailing Address
6401 E. Rogers Circle
Suite, Apt. #, etc.
Unit 5

04272007 Chg-P CR2E034 (12/06)

City & State
Boca Raton, FL

City & State
Boca Raton, FL

4. FEI Number
65-1018839
Applied For
Not Applicable

Zip
33487
Country
U.S.

Zip
33487
Country
U.S.

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

MANTZOR, ZOHAR
4800 LYONS TECHNOLOGY PARKWAY
1
COCONUT CREEK, FL 33073

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

6401 E. Rogers Circle, Unit 5
City
Boca Raton FL Zip Code
33487

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

4/27/07

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PSD
MANTZOR, ZOHAR
4800 LYONS TECHNOLOGY PARKWAY # 1
COCONUT CREEK, FL 33073 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PS
Michael Lerman
6401 E. Rogers Circle, Unit 5
Boca Raton, FL 33487 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VTD
LERMAN, MICHAEL
4800 LYONS TECHNOLOGY PARKWAY UNIT 1
COCONUT CREEK, FL 33073 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
200103095632
05/23/07--01013--001 **61.25 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
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CITY-ST-ZIP
☐ Delete

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 the report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other the empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/27/07