

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000102234

1. Entity Name

2611 PROPERTY HOLDINGS, INC.

**FILED**  
**Jul 02, 2002 8:00 am**  
**Secretary of State**

05-09-2002 90014 038 \*\*\*150.00

37475



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
~~100 SE 2ND STREET, #2620~~  
~~MIAMI FL 33131~~

Mailing Address  
~~100 SE 2ND STREET, #2620~~  
~~MIAMI FL 33131~~

2. Principal Place of Business  
 2611 Hollywood Blvd  
 Suite, Apt. #, etc.

3. Mailing Address  
 2611 Hollywood Blvd,  
 Suite, Apt. #, etc.

City & State  
 Hollywood, FL

City & State  
 Hollywood, FL

4. FEI Number 65-1051191

Applied For  
 Not Applicable

Zip 33020 Country USA

Zip 33020 Country USA

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

## 6. Name and Address of Current Registered Agent

LERMAN, CARLOS D  
 100 SE 2ND STREET, #2620  
 MIAMI FL 33131

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 fee if applicable.

(NOTE: Registered Agent signature required when re-registering)

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, 2002 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	<input type="checkbox"/> Delete
NAME	LERMAN, CARLOS D	
STREET ADDRESS	100 SE 2ND STREET, #2620	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	D	<input type="checkbox"/> Delete
NAME	SMOLER, BRUCE J ESQ.	
STREET ADDRESS	100 SE 2ND STREET, #2620	
CITY-ST-ZIP	MIAMI FL 33131	
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		

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Lerman, Carlos D.	
STREET ADDRESS	100 SE 2ND STREET, #2620 2611 Hollywood Blvd,	
CITY-ST-ZIP	Hollywood, FL 33020	
TITLE	O	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Smoler, Bruce J.	
STREET ADDRESS	2611 Hollywood Blvd,	
CITY-ST-ZIP	Hollywood, FL 33020	
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

6/10/02 954-922-2811

CR2E034 (9/01)