

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 04, 2001 8:00 am
Secretary of State

05-04-2001 90147 010 ***150.00

DOCUMENT # P00000104679

1. Entity Name

LENNER PROPERTIES, INC.

Principal Place of Business

**996 INTRACOASTAL DRIVE APT 16 B
 FORT LAUDERDALE FL 33305**

Mailing Address

**996 INTRACOASTAL DRIVE APT 16 B
 FORT LAUDERDALE FL 33305**

2. Principal Place of Business

600 NORTH Pine Island Rd

3. Mailing Address

600 NORTH Pine Island Rd

Suite, Apt. #, etc.

450

Suite, Apt. #, etc.

450

City & State

Plantation, FL

City & State

Plantation, FL

4. FEI Number

65-1057811

Applied For

Not Applicable

Zip

33324

Country

USA

Zip

33324

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

**KANOUSE, KEITH J ESQ
 ONE BOCA PLACE SUITE 324 ATRIUM
 PMB 1070, 2255 GLADES ROAD
 BOCA RATON FL 33431**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
 NAME **LENNER, EDWARD**
 STREET ADDRESS **936 INTRACOASTAL DRIVE APT 16 B**
 CITY-ST-ZIP **FORT LAUDERDALE FL 33305**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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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 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

Edward Lennner

Date

4/26/01

Daytime Phone #

954 315 0200

CR2E034 (10/00)