

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90396 031 ***150.00

DOCUMENT # P01000056669

1. Entity Name

LHR ENTERPRISES INC



DO NOT WRITE IN THIS SPACE

60027844

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

16091 SIMS RD

Suite, Apt. #, etc.

201

3. Mailing Address

16091 SIMS RD

Suite, Apt. #, etc.

201

City & State

DELRAY BEACH FL

Zip

33484

Country

City & State

DELRAY BEACH FL

Zip

33484

Country

4. FEI Number

65111952

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

MARK B GOLDSTEIN

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

2700 N MILITARY TRAIL

SUITE 220

City

BOCA RATON FL

Zip Code

33431

**DO NOT WRITE
IN THIS SPACE**

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

P/T/S/D
LINDA H. PERCUMAN
16091 SIMS RD SUITE 201
DELRAY BEACH FL 33484

TITLE
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12. 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 10 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 #

3/9/06