

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

FILED
Mar 19, 2003 8:00 am
Secretary of State

03-19-2003 90099 016 ***150.00

DOCUMENT # P01000056669

1. Entity Name LHR ENTERPRISES INC



DO NOT WRITE IN THIS SPACE

90055535

2. Principal Place of Business

16091 SIMS ROAD

3. Mailing Address

16091 SIMS ROAD

Suite, Apt. #, etc.

201

Suite, Apt. #, etc.

201

City & State

DELRAY BEACH FL

City & State

DELRAY BEACH FL

4. FEI Number

05111952

Applied For

Not Applicable

Zip

33484

Country

Zip

33484

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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IN THIS SPACE**

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

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 I/S/D
LINDA H REICHMAN
16091 SIMS ROAD SUITE 201
DELRAY BEACH FL 33484

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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

LINDA H REICHMAN 3/17/03 (561) 638-6888

Date

Daytime Phone #

CR2E034B (12/02)