

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90205 015 ***150.00

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1. Entity Name

LICHTEN MANAGEMENT CO., INC.



Principal Place of Business

**5190 N.W. 167TH ST.
SUITE 105
MIAMI FL 33014**

Mailing Address

**5190 N.W. 167TH ST.
SUITE 105
MIAMI FL 33014**

2. Principal Place of Business

19667 TURNBERRY WAY

Suite, Apt. #, etc.

#3E

3. Mailing Address

19667 TURNBERRY WAY

Suite, Apt. #, etc.

#3E

City & State

AVENTURA FL

City & State

AVENTURA FL

Zip

33180

Country

Zip

33180

Country

☒ CHECK HERE IF MAKING CHANGES

65-1140757

4. FEI Number

APPLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional

Fee Required

6. Name and Address of Current Registered Agent

**LICHTEN, JOHN S
5190 N.W. 167TH ST.
SUITE 105
MIAMI FL 33014**

7. Name and Address of New Registered Agent

Name

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

19667 TURNBERRY WAY

#3E

City

AVENTURA

FL

Zip Code

33180

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

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

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 **D** ☐ Delete
NAME **LICHTEN, JOHN**
STREET ADDRESS **5190 N.W. 167TH ST. SUITE -105**
CITY-ST-ZIP **MIAMI FL 33014**

TITLE **D** ☒ Delete
NAME **LICHTEN, JASON S**
STREET ADDRESS **5190 N.W. 167TH ST. SUITE -105**
CITY-ST-ZIP **MIAMI FL 33014**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **19667 TURNBERRY WAY**
CITY-ST-ZIP **AVENTURA FL 33180**

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

TITLE ☐ Change ☒ Addition
NAME **VP**
STREET ADDRESS **SHERY BALOFF LICHTEN**
CITY-ST-ZIP **19667 TURNBERRY WAY**
AVENTURA FL 33180

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

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

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

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 Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)