

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000093311

1. Entity Name
HS & LZ MANAGEMENT, INC.

Principal Place of Business
3590 NW 3 AVE
BOCA RATON FL 33431

Mailing Address
3590 NW 3 AVE
BOCA RATON FL 33431



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1000 CLINTMOORE RD
Suite, Apt. #, etc.
SUITE 10

3. Mailing Address
1000 CLINTMOORE RD
BOCA RATON FLA 33487
Suite, Apt. #, etc.
SUITE 10

City & State
BOCA RATON FLA
BOCA RATON FLA
Zip
33487
Country
PALM BEACH
PALM BEACH

4. FEI Number
300062149
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
SHELLER, HARVEY
3590 NW 3 AVE
BOCA RATON FL 33431
1200 Clintmore Rd
Boca Raton, Fla.
33487

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Harvey Sheller*
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 \$550.00
After September 13, 2002 Fee will be \$750.00
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 NAME HARVEY SHELLER <input type="checkbox"/> Delete STREET ADDRESS 2917 SO. OCEAN BLVD CITY-ST-ZIP HIGHLAND BEACH FL. 33487 | |
| TITLE NAME LEONARD ZEITLIN <input type="checkbox"/> Delete STREET ADDRESS 11326 MAPLE TREE CT. CITY-ST-ZIP BOCA RATON FLA 33488 | |
| TITLE NAME <input type="checkbox"/> Delete STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME <input type="checkbox"/> Delete STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME <input type="checkbox"/> Delete STREET ADDRESS CITY-ST-ZIP | |

| 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|--|
| TITLE NAME ← Partner <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME ← Partner <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition | |

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: *Harvey Sheller*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/10/2002
Date Daytime Phone #

CR2E034 (4/02)