

8/21

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 02, 2002 8:00 am
Secretary of State

08-21-2002 90049 049 ***550.00

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**

2. Principal Place of Business

1200 CLINTMOORE RD

Suite, Apt. #, etc.

SUITE 10

City & State

BOCA RATON FLA

3. Mailing Address

1200 CLINTMOORE RD

Suite, Apt. #, etc.

SUITE 10

City & State

BOCA RATON FLA

Zip

33487

Country

PALM BEACH

Zip

33487

Country

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

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** ☐ Delete
STREET ADDRESS **2917 SO. OCEAN BLVD**
CITY-ST-ZIP **HIGHLAND BEACH FL 33487**

TITLE NAME **LEONARD ZEITLIN** ☐ Delete
STREET ADDRESS **11326 MAPLE TREE CT.**
CITY-ST-ZIP **BOCA RATON FLA 33428**

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS **← Partner**
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS **← Partner**
CITY-ST-ZIP

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

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

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

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

CR2E034 (4/02)

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 #