

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 08, 2003 8:00 am**  
**Secretary of State**

01-08-2003 90082 037 \*\*\*150.00

**DOCUMENT # P01000093311**

1. Entity Name  
**HS & LZ MANAGEMENT, INC.**



Principal Place of Business  
**1200 CLINTMOORE RD  
SUITE 10  
BOCA RATON FL 33487**

Mailing Address  
**1200 CLINTMOORE RD  
SUITE 10  
BOCA RATON FL 33487**



2. Principal Place of Business  
**BOCA RATON, FLA**  
Suite, Apt. #, etc.  
**10**

3. Mailing Address  
**1200 CLINTMOORE RD**  
Suite, Apt. #, etc.  
**10**

City & State  
**BOCA RATON FLA.**

City & State  
**BOCA RATON FLA.**

4. FEI Number **30-0062149**

Applied For  
Not Applicable

Zip **33487** Country **PALM BEACH**

Zip **33487** Country **PALM BEACH**

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

**6. Name and Address of Current Registered Agent**

**SHELLER, HARVEY  
1200 CLINTMOORE RD  
BOCA RATON FL 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 E. SHELTER**

(NOTE: Registered Agent signature required when reinstating)

DATE **1/5/2003**

**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	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>SHELLER, HARVEY</b>	
STREET ADDRESS	<b>2917 SO OCEAN BLVD</b>	
CITY-ST-ZIP	<b>HIGHLAND BEACH FL 33487</b>	
TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>ZEITHLIN, LEONARD</b>	
STREET ADDRESS	<b>11326 MAPLE TREE CT</b>	
CITY-ST-ZIP	<b>BOCA RATON FL 33428</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: **HARVEY E. SHELTER**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **1/5/2003**  
Daytime Phone #

CR2E034 (10/02)