

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

FILED
Apr 15, 2003 8:00 am
Secretary of State

04-15-2003 90115 043 ***150.00

DOCUMENT # PD2000087532

1. Entity Name

LERNER ENTERPRISES INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

11780 BAYOU LANE

Suite, Apt. #, etc.

3. Mailing Address

11780 BAYOU LANE

Suite, Apt. #, etc.

City & State

Boca Raton FL

City & State

Boca Raton FL

4. FEI Number

22-3863120

Applied For

Not Applicable

Zip

33498

Country

Palm Beach

Zip

33498

Country

Palm Beach

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Jeffrey Lerner

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

11780 BAYOU LANE

City

Boca Raton

FL

Zip Code

33498

**DO NOT WRITE
IN THIS SPACE**

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

Jeffrey C. Lerner
Signature, typed or printed name of registered agent and title if applicable.

Jeffrey C. Lerner
(NOTE: Registered Agent signature required when reinstating)

4-10-03
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 D
NAME Jeffrey Lerner - Director
STREET ADDRESS 11780 BAYOU LANE
CITY-ST-ZIP Boca Raton FL 33498

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IN THIS SPACE**

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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jeffrey C. Lerner, M

Date

4-10-03

Daytime Phone #

(561) 2181500

CR2E034B (12/02)