P93000018347

2002 UNIFORM BUSINESS REPORT (UBR
-----------------------------------

**DOCUMENT #** 1. Entity Name

STEVEN LERNER, PROFESSIONAL ASSOCIATION

Principal	Place	of	Business
p.		•	

1601 N PALM AVE

STE 2048 PEMBROKE PINES FL 33026

U\$

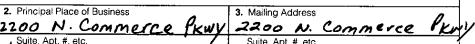
Mailing Address

STE 2048

1601 N PALM AVE

PEMBROKE PINES FL 33026

US





2200 M	1. Commerce PKWY	2200 N. Con	nmerce P	en 1/			
Suite, Apt. #, etc.  \$\frac{42}{20}\frac{4}{20}\frac{4}{20}\frac{1}{20}1			DO	NOT WRITE IN THIS SI	PACE		
City & State City & State		V1	4. FEI Number 65-038365		Aı	oplied For	
WESTON FL WESTON,		pe		303000	No	ot Applicable	
333	26 BOWARD	33326	BROWAD)	5. Certificate of Status	Desired	8.75 Add ee Require	ditional id
<u>.</u>	6. Name and Address of Current R	egistered Agent		7. Name and Address	of New Registered A	gent	
LERNER, 1601 N PA STE 2046 MIAMI FL 8. The above	STEVEN ALM AVE 2 2-00 N. ( STEL 2-04) 33186 WESTON, named entity submits this statement for the	A 33326	City	ss (P.O. Box Number is Not A	FL	Zip Cod	е
SIGNATURE _	Signature, typed or printed name of registered agent and	title if applicable. (NOTE: F	Registered Agent signature req	uired when reinstating)	DATE		
Tax filing r	oration is eligible to satisfy its Intangible equirement and elects to do so.	1	FEE IS \$150.00 Fee will be \$550.0 to Department of \$	I Trust Eurod C		Áddec	<b>0</b> May Be I to Fees
11.	OFFICERS AND D	RECTORS	12.	ADDITIONS/CHANGE:	TO OFFICERS AND I	DIRECTOR	3 IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LERNER, STEVEN 1601 N PALM AVE STE-204B MIAMI FL 33186	Delete  HANBE TO	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	Addition 3
TITLE NAME STREET ADDRESS CITY-ST-ZIP	•	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			) Change	☐ Addition   6
NAME. STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	-	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		]	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	☐ Addition
TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME STREET ADDRESS			Change	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 changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**