

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90034 027 ***150.00

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DOCUMENT # P93000036571

1. Entity Name
LRM LEASING COMPANY, INC.

Principal Place of Business 2101 N ANDREWS AVE SUITE 101 WILTON MANORS FL 33311 US	Mailing Address 2101 N ANDREWS AVE SUITE 101 WILTON MANORS FL 33311 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

City & State

4. FEI Number **65-0412356**

Applied For	
Not Applicable	

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

Zip Country Zip Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BRAUSER, LEON
 2101 N ANDREWS AVE
 SUITE 101
 WILTON MANORS FL 33311**

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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 \$150.00
 After May 1, 2002 Fee will be \$550.00
 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRAUSER, LEON	NAME	
STREET ADDRESS	2101 N ANDREWS AVE STE 101	STREET ADDRESS	
CITY-ST-ZIP	WILTON MANORS FL 33311	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRAUSER, MICHAEL	NAME	
STREET ADDRESS	2101 N ANDREWS AVE STE 101	STREET ADDRESS	
CITY-ST-ZIP	WILTON MANORS FL 33311	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRAUSER, ROBERT	NAME	
STREET ADDRESS	2101 N ANDREWS AVE STE 101	STREET ADDRESS	
CITY-ST-ZIP	WILTON MANORS FL 33311	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRAUSER, JOEL	NAME	
STREET ADDRESS	2101 N ANDREWS AVE STE 101	STREET ADDRESS	
CITY-ST-ZIP	WILTON MANORS FL 33311	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature] 954568-4803
 Date Daytime Phone #

CR2E034 (9/01)