## 2000 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # P93000072519 May 09, 2000 8:00 am 1. Entity Name Secretary of State L & H ENTERPRISES, INC. 05-09-2000 90106 012 \*\*\*150.00 Principal Place of Business Mailing Address 2473 NW 66 DR 2473 NW 66 DR **BOCA RATON FL 33496** BOCA RATON FL 33496-2002 2. Principal Place of Business 3. Mailing Address 6090Via 609 b Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For 65-0453742 Not Applicable \$8.75 Additional 5. Certificate of Status Desired $\Box$ Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BRODSKY, LINDA R mber is Not Acceptable) 2473 NW 66 DR ťα. **BOCA RATON FL 33496** e of changing its registered office or registered agen or both, in the State of Florida. 8. The above named entity submits this statement for the purpo ired when reinstating) istered Agent signature re FILE NOW!!! FEE IS \$150.06 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be Election Campaign Financing After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. ☐ Addition TITLE ☐ Delete TITLE Linox Ri Bei Dony BRODSKY, LINDA R NAME NAME 6090 Vialenetia South STREET ADDRESS STREET ADDRESS 2473 NW 66 DR CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33496** ☐ Delete TITLE TITLE BRODSKY, HERBERT G e ben G. BRODSKI NAME NAME STREET ADDRESS STREET ADDRESS 2473 NW 66 DR معالية المعام CITY-ST-ZIP **BOCA RATON FL 33496** CITY-ST-ZIP 484 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition □ Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete ☐ Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 expowered.