

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 01, 2000 8:00 am**  
**Secretary of State**

02-01-2000 90068 016 \*\*\*150.00

**DOCUMENT # P95000035205**

1. Entity Name

**LF CONSULTING, INC.**

Principal Place of Business

Mailing Address

16690 SENTERRA DRIVE  
 DELRAY BEACH FL 33484

16690 SENTERRA DRIVE  
 DELRAY BEACH FL 33484-6987

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FRIEDMAN, LORETTA**  
 16690 SENTERRA DRIVE  
 DELRAY BEACH FL 33484

Name

*Loretta Friedman*

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

*5030 Champion Blvd #404*

City

*Boca Raton*

**FL**

Zip Code

*33496-24*

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

*Loretta Friedman*

*Loretta Friedman, Owner*

*1-25-00*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2000 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

TITLE	D	<input type="checkbox"/> Delete
NAME	FRIEDMAN, BRUCE	
STREET ADDRESS	7 CROSSBOW LANE	
CITY-ST-ZIP	WOODBURY NY 11797	
TITLE	D	<input type="checkbox"/> Delete
NAME	FRIEDMAN, REGINA	
STREET ADDRESS	7 CROSSBOW LANE	
CITY-ST-ZIP	WOODBURY NY 11797	
TITLE	P	<input type="checkbox"/> Delete
NAME	FRIEDMAN, LORETTA	
STREET ADDRESS	16690 SENTERRA DRIVE	
CITY-ST-ZIP	DELRAY BEACH FL 33484	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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	

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:**

*Loretta Friedman*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1-25-00*

Date

*(501) 495-1570*

Daytime Phone #

*809685*



DO NOT WRITE IN THIS SPACE

4. FEI Number

**65-0584590**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required