## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT#** 

Principal Place of Business 1150B E HALLANDALE BCH BLVD

HALLANDALE FL 33009

P95000072114

Mailing Address

HALLANDALE FL 33009

1150B E HALLANDALE BCH BLVD

1. Entity Name

LECHOL INC.



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

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US		US									
2. Principal Place of Business		3. Mailing Address				# 10011081 158 10501 05111 00111 00115 00111 10010 11001 11001 11001 11001 11001					
Suite, Apt. #, etc.		Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES					
City & Stat	9	City & State			<b>4.</b> F	65-0608977		<del></del>	Applied For Not Applicable		
Zip	Country	Zip		Country		5. 0	Certificate of Status Desired		\$8.75 Ac Fee Requir	dditional ed	
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent						
			<u> </u>	Na	Name						
LECHTER, ROBERT					•						
				Str	Street Address (P.O. Box Number is Not Acceptable)						
1150B E F	IALLANDALE BCH BLVD			<u> </u>							
HALLAND/	LE FL 33009										
2						<del></del> .					
				Cit	T <b>y</b>			FL	Zip Co	ae	
8 The above	named entity submits this statement for	the purn	ose of changing its re	egistered off	ice or rea	istered and	ent, or both, in the State of Florida	lam	familiar with	and accept	
	ions of registered agent.	are parp	osc or orlanging its it	ogisiored on	ice or reg	isicica agi	cht, or both, in the otate of Florida	i. Carr	TOTTINGE THIS	i, and accept	
SIGNATURE .											
	Signature, typed or printed name of registered agent ar	nd title if app	licable. (NOTE:	Registered Agen	t signature re	quired when re	instating)	DATE			
·····	U.E. MOWILL FEE IC 6450.00										
	ILE NOW!!! FEE IS \$150.00						9. Election Campaign Financ	ing	\$5.	<b>00</b> May Be	
	May 1, 2003 Fee will be \$550.00						Trust Fund Contribution.	Ť [	☐ Ádde	ed to Fees	
Make Check	Payable to Florida Department of	State									
10.	OFFICERS AND D	DIRECTO	RS	11.		AD	DITIONS/CHANGES TO OFFICE	RS AND	DIRECTOR	RS IN 11	
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NAME	LECHTER, ABRAHAM			NAME							
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12. 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 of 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 trystee empowered to execute this eport as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** 

ae ae RE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR