

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 10, 2002 8:00 am
Secretary of State

02-10-2002 90012 029 ***150.00

DOCUMENT # P95000076052

1. Entity Name
LSARTS, INC.

Principal Place of Business

1889 TIGERTAIL BLVD
DANIA FL 33004
US

Mailing Address

1889 TIGERTAIL BLVD
DANIA FL 33004
US

2. Principal Place of Business

LSARTS, INC.
Suite, Apt. #, etc.
5607 HIATUS ROAD SUITE 100
City & State
TAMARAC, FL 33321
Zip

3. Mailing Address

LSARTS, INC.
Suite, Apt. #, etc.
5607 HIATUS ROAD SUITE 100
City & State
TAMARAC, FL 33321
Zip



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0623936

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LSARTS, INC.
ALTSCHULER, LINDA
1889 TIGERTAIL BLVD
DANIA FL 33004
5607 HIATUS ROAD SUITE 100
TAMARAC, FL 33321

7. Name and Address of New Registered Agent

LSARTS, INC.
Name
Street Address (If Applicable, None if Not Applicable)
5607 HIATUS ROAD SUITE 100
TAMARAC, FL 33321
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 *Linda Altschuler* **LINDA ALTSCHULER**
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

1-17-02
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, 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

TITLE	D	<input type="checkbox"/> Delete
NAME	ALTSCHULER, LINDA	
STREET ADDRESS	1889 TIGERTAIL BLVD.	
CITY-ST-ZIP	DANIA FL 33004	
TITLE	P	<input type="checkbox"/> Delete
NAME	ALTSCHULER, LANNY	
STREET ADDRESS	1889 TIGERTAIL BLVD	
CITY-ST-ZIP	DANIA FL 33004	
TITLE	VP	<input type="checkbox"/> Delete
NAME	GARFUNKEL, ALAN	
STREET ADDRESS	1889 TIGERTAIL BLVD	
CITY-ST-ZIP	DANIA FL 33004	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	LSARTS, INC.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	5607 HIATUS ROAD SUITE 100	
STREET ADDRESS	TAMARAC, FL 33321	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	LSARTS, INC.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	5607 HIATUS ROAD SUITE 100	
STREET ADDRESS	TAMARAC, FL 33321	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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: *Signature Required* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

1-17-02 **954-722-1750**
 Date Daytime Phone #

CR2E034 (9/01)