

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000079972

1. Entity Name

LETOLE CORP.

FILED

Feb 29, 2000 8:00 am
Secretary of State

02-29-2000 90128 017 ***150.00

Principal Place of Business

Mailing Address

3900 NO. 45TH AVENUE
HOLLYWOOD FL 33021

3900 NO. 45TH AVENUE
HOLLYWOOD FL 33021-1720

2. Principal Place of Business

5450 S. STATE RD 7

3. Mailing Address

5450 S. STATE RD 7

Suite, Apt. #, etc.

SUITE #26

Suite, Apt. #, etc.

SUITE #26

City & State

FT LAUDERDALE, FL

City & State

FT LAUDERDALE, FL

Zip

33314

Country

USA

Zip

33314

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0626715

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SELIGMAN, LEE
3900 NO. 45TH AVENUE
HOLLYWOOD FL 33021

7. Name and Address of New Registered Agent

Name

LEE SELIGMAN (Same)

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

5450 S. STATE RD 7

SUITE #26

City

FT LAUDERDALE

FL

Zip Code

33314

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

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

LEE SELIGMAN Secy/Treas LETOLE CORP

(NOTE: Registered Agent signature required when reinstating)

2/7/00

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	PD	<input type="checkbox"/> Delete
NAME	REISS, TOBI	
STREET ADDRESS	3880 NO. 40TH AVENUE	
CITY - ST - ZIP	HOLLYWOOD FL 33021	
TITLE	PD	<input type="checkbox"/> Delete
NAME	REISS, TOBI	
STREET ADDRESS	3880 NO. 40TH AVENUE	
CITY - ST - ZIP	HOLLYWOOD FL 33021	
TITLE	VD	<input type="checkbox"/> Delete
NAME	GELBER, LEAH	
STREET ADDRESS	4021 NO. 41ST COURT	
CITY - ST - ZIP	HOLLYWOOD FL 33021	
TITLE	ST	<input type="checkbox"/> Delete
NAME	SELIGMAN, LEE	
STREET ADDRESS	3900 NO 45TH AVENUE	
CITY - ST - ZIP	HOLLYWOOD FL	
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	
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:

LEE SELIGMAN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/7/00

Date

954-321-9103

Daytime Phone #

CR2E034 (9/99)