

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000087207

1. Entity Name

PEARSON & ST. JAMES, INC.

**FILED**  
**Feb 24, 2000 8:00 am**  
**Secretary of State**

02-24-2000 90025 040 \*\*\*150.00

Principal Place of Business

Mailing Address

801 THREE ISLAND BLVD.  
SUITE 509  
HALLANDALE FL 33009

801 THREE ISLAND BLVD.  
SUITE 509  
HALLANDALE FL 92658-7579

2. Principal Place of Business

3. Mailing Address

310 S. Rextford Dr

P.O. Box 7579

Suite, Apt. #, etc.

Suite, Apt. #, etc.

# 105

City & State BEVERLY HILLS CA NEWPORT BEACH, CA

Zip

Country

Zip

Country

90212

US

92658

US



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CHASE, ALAN R ESQ.  
9400 S. DADELAND BOULEVARD  
SUITE 600  
MIAMI FL 33156

Name

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

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	LESSLER, REESA	
STREET ADDRESS	2724 WAVECREST DRIVE	
CITY-ST-ZIP	CORONA DEL MAR CA 92625	
TITLE	DPST	<input type="checkbox"/> Delete
NAME	LESSLER, PAUL	
STREET ADDRESS	2724 WAVECREST DRIVE	
CITY-ST-ZIP	CORONA DEL MAR CA 92625	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

PAUL LESSLER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)