

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

**FILED**  
**Apr 09, 2003 8:00 am**  
**Secretary of State**

04-09-2003 90115 034 \*\*\*150.00

DOCUMENT # **P96000002339**



1. Entity Name  
**LENORE SCHILLER, P.A.**

Principal Place of Business  
**3406 PONCE DE LEON BLVD., DOWNSTAIRS  
CORAL GABLES FL 33134**

Mailing Address  
**PO BOX 144340  
CORAL GABLES FL 33114**



2. Principal Place of Business  
**1570 MADRUGA AVE**  
Suite, Apt. #, etc.  
**# 311**

3. Mailing Address  
Suite, Apt. #, etc.

City & State  
**CORAL GABLES**

City & State

4. FEI Number **65-0637897**

Applied For  
Not Applicable

CHECK HERE IF MAKING CHANGES

Zip Country  
**33146 MIAMI MADE**

Zip Country

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**SCHILLER, LENORE  
3406 PONCE DE LEON BLVD  
DOWNSTAIRS  
CORAL GABLES FL 33134**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Lenore Schiller, Registered Agent*

**23 JAN 03**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME	PD SCHILLER, LENORE	<input type="checkbox"/> Delete
STREET ADDRESS	3406 PONCE DE LEON BLVD	
CITY-ST-ZIP	MIAMI FL 33134	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME	PD LENORE SCHILLER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	1570 MADRUGA AVE #311	
CITY-ST-ZIP	CORAL GABLES FL 33146	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Lenore Schiller, President*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**23 JAN 03 305 441 1930**

Date Daytime Phone #

CR2E034 (10/02)