2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Mailing Address

7040 N.W. 62ND TERR.

DOCUMENT # P96000019292

1. Entity Name

Principal Place of Business

7040 N.W. 62ND TERR.

LRM CONSULTING, INC.



FILED Mar 12, 2003 8:00 am Secretary of State

03-12-2003 90096 038 ***150.00

·

PARKLAND FL	330 67	PARKLA	PARKLAND FL 33067								
2. Principal Pla	ace of Business	3, Mailir	3. Mailing Address				i isaiseal tia taire aitti aatti satti		18 18118 11819 151	11 (10) (10)	
Suite, Apt.	#, etc.	Suite	Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES				
City & State		City 8	City & State				FEI Number 65-0646584 Applied For Not Applicable				
Zip	C	Zip	Zip		1		Certificate of Status Desired	<u> </u>	\$8.75 Addit ee Required		
,	6. Name and	Address of Curre	nt Registered	Agent		7. Name and Address of New Registered Agent					
		The second section of the second				Name* -		. 5: . ~; ==;			
MARKOWN 7040 N.W.			•		Street Address (P.O. Box Number is Not Acceptable)						
PARKLAND						-					
						City			FL	Zip Code	
8. The above	named entity sultons of registered	bmits this statemen dagent.	t for the purpo	ose of changing its	register	ed office or regist	ered ag	ent, or both, in the State of Flor	ida. I am f ,	amiliar with, a	and accept
SIGNATURE .	<u> 26</u>		1 200-311	Inchie (NOTE	Pagistore	d Agent signature requi	red when re	einstating)	DATE		
	Signature, typed or pri	nted name of registered ag	jent and title if appl	icable. (NOTE	. negistere	u Agent signature requi					-
After	r May 1, 2003 F	EE IS \$150.00 Fee will be \$550.0 orida Departmen	00 t of State				-	9. Election Campaign Finance Trust Fund Contribution	ancing	\$5.00 Added	May Be to Fees
		OFFICERS AI		RS	11.		AC	DITIONS/CHANGES TO OFFI	CERS AND	DIRECTORS	3 IN 11
10.	Ď	OFFICERS A	NO DINECTO	☐ Delete	TITL	E				☐ Change	Addition
· FITLE	MARKOWITZ,	LEONARD		☐ Delete	NAN						
NAME STREET ADDRESS	7040 N.W. 62	ND TERR.			STR	EET ADDRESS					
CITY-ST-ZIP	PARKLAND FI	L 33067			CIT	r-ST-ZIP					
TITLE			· · ·	☐ Delete	TITI	E				Change	Addition
NAME					NAM	AE :					
STREET ADDRESS					STR	EET ADDRESS					
CITY-ST-ZIP	1				CIT	Y-ST-ZIP					
				Delete	TIT	.E					— - Addition
NAME					. NAI	ME					
STREET ADDRESS						EET ADDRESS					
CITY-ST-ZIP	1				CIT	Y-ST-ZIP					
TITLE				Delete	TIT	LE				Change	☐ Addition
NAME					NA	I					
STREET ADDRESS	İ					REET ADDRESS					
CITY-ST-ZIP					CIT	Y-ST-ZIP					TT Addition
TITLE		-		☐ Delete	TIT	LE				☐ Change	Addition
NAME	ļ				NA	1					
STREET ADDRESS						REET ADDRESS					•
CITY-ST-ZIP					CII	Y-ST-ZIP					[] Addition
TITLÉ				☐ Delete	TIT					☐ Change	Addition
NAME						ME					
STREET ADDRESS	1					REET ADDRESS					
CITY-ST-ZIP	<u> </u>					Y-ST-ZIP	Soction	119 07(3)(i) Florida Statutes.	i further ce	ertify that the	information
			the state of the second	, dans not qualify by	or tha av	omotion stated if	ı beciler	THE BUILDING FIGURES.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,, usy uses used	

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 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:

teculted

Daytime Phone #