

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000026337

1. Entity Name

LANA SCHULMAN, P.A.

FILED
Jan 18, 2001 8:00 am
Secretary of State

01-18-2001 90004 023 ***150.00

Principal Place of Business 1825 NE 45 ST STE A FT LAUDERDALE FL 33308	Mailing Address 1825 NE 45 ST STE A FT LAUDERDALE FL 33308
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2. Principal Place of Business 5353 N. Federal Hwy. Suite, Apt. #, etc. 213 City & State Fort Lauderdale, FL Zip 33308 Country U.S.A.	3. Mailing Address 5353 N. Federal Hwy. Suite, Apt. #, etc. 213 City & State Fort Lauderdale, FL Zip 33308 Country U.S.A.
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DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0655126	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent SCHULMAN, LANA 1361 S. OCEAN BLVD. SUITE 1003 POMPANO BEACH FL 33062	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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) <input checked="" type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHULMAN, LANA 1361 S. OCEAN BLVD. SUITE 1003 POMPANO BEACH FL 33062 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

Lana Schulman P.A.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/8/01 938-2011
Date Daytime Phone #

CR2E034 (10/00)