

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000061015

1. Entity Name

G. LERMAN & ASSOCIATES, INC.

Principal Place of Business

Mailing Address

~~12850 STATE ROAD 84, BOX 6-14~~  
~~FT LAUDERDALE FL 33325~~

~~12850 STATE ROAD 84, BOX 6-14~~  
~~FT LAUDERDALE FL 33325~~

2. Principal Place of Business

3. Mailing Address

4975 SABAL PALM BLVD 4975 SABAL PALM BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

BLDG 5, #111

BLDG 5, #111

City & State

City & State

TAMARAC FL

TAMARAC FL

Zip

Country

Zip

Country

33319

USA

33319

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LERMAN, GERALD

~~12850 STATE ROAD 84, BOX 6-14~~ 4975 SABAL PALM BLVD  
~~FT LAUDERDALE FL 33325~~ BLDG 5, #111  
TAMARAC FL 33319

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, 2001 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 ☐ Delete  
NAME LERMAN, GERALD  
STREET ADDRESS 12850 STATE ROAD 84, BOX 6-14  
CITY-ST-ZIP FT LAUDERDALE FL 33325

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 4975 SABAL PALM BLVD BLDG 5, #111  
CITY-ST-ZIP TAMARAC FL 33319

TITLE ☐ Delete  
NAME LERMAN, CHARLETTA  
STREET ADDRESS 12850 STATE ROAD 84, BOX 6-14  
CITY-ST-ZIP FT LAUDERDALE FL 33325

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 4975 SABAL PALM BLVD. BLDG 5, #111  
CITY-ST-ZIP TAMARAC FL 33319

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE ☐ Delete  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

Apr 10, 2001 8:00 am  
Secretary of State

04-10-2001 90130 035 \*\*\*150.00

C0044316



DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)