

DOCUMENT # P97000066150

1. Entity Name  
L & Z ASSOCIATES OF SOUTH FLORIDA, INC.

Principal Place of Business  
246 WEST 38TH STREET, SEVENTH FLOOR  
NEW YORK FL 10018-5895

Mailing Address  
246 WEST 38TH STREET, SEVENTH FLOOR  
NEW YORK FL 10018-5895

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

ZALTER, JOSEPH  
20281 EAST COUNTRY CLUB DRIVE  
SUITE 1514  
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent

Name ZALTER, JOSEPH

Street Address (P.O. Box Number is Not Acceptable)  
20281 EAST COUNTRY CLUB DRIVE

SUITE 1514

City AVENTURA

FL

Zip Code 33180

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

TITLE P ☐ Delete  
NAME LIDZ, ROBERT  
STREET ADDRESS 137 EAST 36TH ST. 11F  
CITY-ST-ZIP NEW YORK NY 10016

TITLE D ☐ Delete  
NAME ZALTER, JOSEPH  
STREET ADDRESS 20281 EAST COUNTRY CLUB DR.  
CITY-ST-ZIP AVENTURA FL 33180

TITLE D ☐ Delete  
NAME KATZ, ROY  
STREET ADDRESS 229 WEST 36TH ST.  
CITY-ST-ZIP NEW YORK NY 10018

TITLE D ☐ Delete  
NAME FINKELSTEIN, DAVID  
STREET ADDRESS 229 WEST 36TH ST.  
CITY-ST-ZIP NEW YORK NY 10018

TITLE D ☐ Delete  
NAME GERMAN, DAVID  
STREET ADDRESS 229 WEST 36TH ST.  
CITY-ST-ZIP NEW YORK NY 10018

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

TITLE ☐ Change ☐ Addition  
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:

ROBERT LIDZ - *Robert Lidz*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

01/04/01

Daytime Phone #

212-768-7090

FILED  
Jan 12, 2001 8:00 am  
Secretary of State

01-12-2001 90002 020 \*\*\*158.75



DO NOT WRITE IN THIS SPACE

13 - 4109423

4. FEI Number

APPLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional  
Fee Required

CR2E034 (10/00)