

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000100945

1. Entity Name

LAKERIDGE RENTALS, INC.

FILED
Mar 01, 2000 8:00 am
Secretary of State

03-01-2000 90039 011 ***150.00

Principal Place of Business

1402 EAST LAS OLAS BLVD. #207
FORT LAUDERDALE FL 33301

Mailing Address

1402 EAST LAS OLAS BLVD. #207
FORT LAUDERDALE FL 33301-2336

2. Principal Place of Business

1037 NE 17th Way
Suite, Apt. #, etc.

3. Mailing Address

1037 NE 17th Way
Suite, Apt. #, etc.

City & State

FL

Zip

33304

Country

USA

City & State

FL

Zip

33304

Country

USA

4. FEI Number

65-0799078

Applied For

Not Applicable

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

ISRAEL, STANLEY E
450 NORTH PARK ROAD
SUITE 805
HOLLYWOOD FL 33021

Name

Brett Tannenbaum
Street Address (P.O. Box Number is Not Acceptable)

1037 NE 17th Way

City

FL

Zip Code

33304

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

2/8/00

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, 2000 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	PDST	<input type="checkbox"/> Delete
NAME	TANNENBAUM, BRETT	
STREET ADDRESS	1402 E LAS OLAS BLVD SUITE 207	
CITY-ST-ZIP	FT LAUDERDALE FL 33304	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
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TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

2/8/00 954-764-3208
Date Daytime Phone #

CR2E034 (9/99)