

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000001348

1. Entity Name

LEVERRIER TRAINING RESOURCES, INC.

FILED

Jan 19, 2000 8:00 am  
Secretary of State

01-19-2000 90252 031 \*\*\*150.00

Principal Place of Business

Mailing Address

5523 N. MILITARY TRAIL  
#1212  
BOCA RATON FL 32205

5523 N. MILITARY TRAIL  
#1212  
BOCA RATON FL 33496-3493  
US

2. Principal Place of Business

3. Mailing Address

1421 SE 14TH COURT

1421 SE 14TH COURT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Deerfield Beach, FL

Deerfield Beach, FL

City & State

City & State

Zip

Country

33441

USA

Zip

Country

33441

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STEIN, DAVID  
4800 NORTH FEDERAL HIGHWAY  
SUITE 207D  
BOCA RATON FL 33431

Name

Stein, David, Esq.

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

Mizner Executive Suites

433 Plaza Real, Suite 275

City

Boca Raton

FL

Zip Code

33433

8. The above named entity submits this statement for the purpose of changing its registered office of registered agent, or both, in the State of Florida.

SIGNATURE DAVID STEIN, ESQ.

Signature, typed or printed name of registered agent and title if applicable

*[Signature]*

Signature of Registered Agent required when reinstating

1/10/00

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, 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. President ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD  
NAME LEVERRIER, LISA C  
STREET ADDRESS 5523 N. MILITARY TR. #1212  
CITY-ST-ZIP BOCA RATON FL 33496

TITLE President  
NAME Leverrier, Lisa C  
STREET ADDRESS 1421 SE 14TH COURT  
CITY-ST-ZIP Deerfield Beach, FL 33441

TITLE  
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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]* President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/00 (56)982-9573

Date

Daytime Phone #

CR2E034 (9/99)