

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 07, 2001 8:00 am
Secretary of State

08-07-2001 90006 033 ***150.00

DOCUMENT # P98000030955			
1. Entity Name L.B.R. MANAGEMENT, INC.			
Principal Place of Business 5645 S UNIV DR DAVIE FL 33328 US		Mailing Address 5645 S UNIV DR DAVIE FL 33328 US	
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 GILBERT, LENORE 5645 S UNIV DR DAVIE FL 33328		7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input checked="" type="checkbox"/> (See criteria on back)		FILE NOW!!! FEE IS \$550.00 After September 12, 2001 Fee will be \$750.00 Make Check Payable to Department of State	
		10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GILBERT, LENORE 5645 S UNIV DR DAVIE FL 33328 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <i>Lenore Gilbert</i>		<i>8/3/2001</i> 954-680- 0302	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	



DO NOT WRITE IN THIS SPACE

CR2E034 (5/01)

Attachment Doc # P98 000030955
C6074768

BERNARD DODDO, P.A.
CERTIFIED PUBLIC ACCOUNTANT
5400 SOUTH UNIVERSITY DRIVE, #403
DAVIE, FLORIDA 33328
954-680-4818
FAX-954-680-4918

JULY 24, 2001

FLORIDA DEPARTMENT OF STATE
UNIFORM BUSINESS REPORT FILINGS
P. O. BOX 1500
TALLAHASSEE, FLORIDA-32302-1500

RE: BETH RICH, INC. - P99000014805
LBR MANAGEMENT, INC. - P98000030955

GENTLEMEN:

WE ARE WRITING THIS LETTER ON BEHALF OF OUR CLIENT, MR ROBERT GILBERT WHO, ALONG WITH HIS WIFE LENORE ARE THE OWNERS OF BOTH OF THE CORPORATIONS REFERENCED ABOVE.


MR. GILBERT NEVER RECEIVED THE ORIGINAL REPORTS. IT WAS NOT UNTIL HE RECEIVED THE REINSTATEMENT BOOKLETS THAT HE WAS AWARE THEY WERE LATE. THERE WAS A PROBLEM WITH THE MAIL BOX WHERE HIS MAIL WAS DELIVERED. DURING THE EARLY PART OF THIS YEAR VANDALS BROKE ALL THE LOCKS ON THE INDIVIDUAL COMPARTMENTS OF THE CENTRAL MAILBOX FOR THE COMPLEX WHERE THE BUSINESS IS LOCATED. IT WAS NOT FIXED FOR SEVERAL WEEKS. IF YOU NEED THIS VERIFIED BY OUR LOCAL POSTOFFICE, WE WILL GET YOU A LETTER TO THIS EFFECT.

WE ARE ENCLOSING HERewith, TAXPAYERS RESPECTIVE CHECKS FOR \$150.00 ALONG WITH THE REINSTATEMENT FORMS. WE SINCERELY HOPE YOU WILL UNDERSTAND THIS SITUATION, ALONG WITH OUR PROMISE THAT IT WILL NOT HAPPEN AGAIN AS OUR OFFICE WILL BE DOING THE ACCOUNTING MONTHLY AND MAKE SURE THAT IT IS PAID PRIOR TO APRIL 30TH.

THANK YOU FOR YOUR CONSIDERATION IN THIS MATTER.

SINCERELY,

BERNARD DODDO, P.A.



BERNARD DODDO, CPA
BD:CC ENC