## **2003 FOR PROFIT CORPORATION** UNIFORM BUSINESS REPORT (UBR)

## May 02, 2003 8:00 am Secretary of State 05-02-2003 90739 044 \*\*\*150.00

Daytime Phone #

**DOCUMENT #** 

SIGNATURE:

P98000043115

1. Entity Name

LECHALET I EQUITY CORPORATION

3801 PGA BLY SUITE 600		CYDress Creek Da	Adding Address Co Brown Ray * NOTE NEW ADDRESS*  10 W. Cypress Creek Rd., Ste. 409 Ft. Lauderdale, FL 33309		Bane		
WEST PALM (	BEACH FL 33410	The state of the s	3309				
2. Principal Place of Business (rul Pd 3. Mailing Address 1500 W. (400055 (rul Pd 51)			Dove		1 1881/188/178/18/18/18/18/18/18/18/18/18/18/18/18/18	iir <b>88</b> 111 <b>88</b> 114 <b>81488</b> 111 <b>8</b> 1 11 <b>8</b> 11	HEER END HEER
Suite, Apt. #, etc. Suite, Apt. #, etc.						IF MAKING CHANGES	
FORP	Jawerdale, Fd	City & State		4	1. FEI Number 65-0836499	<u> </u>	plied For
7023	cach Gardens, PL	<u>Palm Beach</u> Zip	Country	<del>7 - 1 -</del> -		= \$8.75 Add	titional
<del>33</del>	ATO DOM	33410	<u> </u>		5. Certificate of Status Desired	Fee Require	
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent							
REGSERV CORP							
3801-PGA	Altreet Ac		Box Number in Not Acceptable	tate (iro	Q		
SUITE 600			1535	1)	LUDGOSS /	VAN DI #	49
WEST PALM BEACH FL 33410					LAUDENDAIL ach Gardens.	FL Zigg	309
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. I am familiar with, and accept							
the obligations of registered agent.							
SIGNATURE THINKS . Johns 11/10/00/ E. SCHUTTE 4/28/03							
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)							
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00					9. Election Campaign Fin		О мау Ве
Make Check Payable to Florida Department of State					Trust Fund Contribution	n. 🔟 Added	i to Fees
10.	OFFICERS AND D	DIRECTORS	11.		ADDITIONS/CHANGES TO OFF	ICERS AND DIRECTORS	3 IN 11
TITLE	DPT	☐ Delete	TITLE			☐ Change	☐ Addition
NAME STREET ADDRESS	SCHULTZ, MICHAEL E 2830 LONG MEADOW DRIVE		NAME STREET ADDRESS			•	
CITY-ST-ZIP	WEST PALM BEACH FL 33414		ÇITY-ŞT-ZIP			•	j
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CITY-ST-ZIP	GCC 3891 PDA BLVD., SUITE 555 PALM BEACH GARDENS FL 33414		CITY-ST-ZIP	3001	ron biva., ba.	100 000	}
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CITY-ST-ZIP			CITY-ST-ZIP				(
12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.							