

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 17, 2001 8:00 am**  
**Secretary of State**

09-17-2001 90131 017 \*\*\*150.00

**DOCUMENT # P98000094609**

**1. Entity Name**  
**LES SCHWARTZ, INC.**

**Principal Place of Business**

**2455 E. SUNRISE BLVD.**  
**SUITE 502**  
**FORT LAUDERDALE FL 33304**

**Mailing Address**

**2455 E. SUNRISE BLVD.**  
**SUITE 502**  
**FORT LAUDERDALE FL 33304**

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**4. FEI Number**  
**65-0874079**

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**

**SCHWARTZ, LES**  
**2455 E. SUNRISE BLVD.**  
**SUITE 502**  
**FORT LAUDERDALE FL 33304**

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** \_\_\_\_\_  
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 \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**Make Check Payable to Department of State**

**10. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**  
Trust Fund Contribution.

**11. OFFICERS AND DIRECTORS**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** **PS** ☐ Delete  
**NAME** **SCHWARTZ, LES**  
**STREET ADDRESS** **2455 E. SUNRISE BLVD.**  
**CITY-ST-ZIP** **MARIMAR FL 33304**

**TITLE** ☐ Change ☐ Addition  
**NAME** **CONNECTION**  
**STREET ADDRESS** **Port Land, FL 33304**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☒ Addition  
**NAME** **VP**  
**STREET ADDRESS** **GERALD S. SCHWARTZ**  
**CITY-ST-ZIP** **2455 E. SUNRISE BLVD (#502)**  
**PORT LAND, FL 33304**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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

**TITLE** ☐ Delete  
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**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 REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**9/13/01** **954 564 770**  
Date Daytime Phone #



ADVISORY  
SERVICES INC

2455 E. Sunrise Blvd. Ste: 502  
Fort Lauderdale, Florida  
33304

Attachment 9792033

Doc. # P98000094609

Gerald S. Schnitzer, President

September 13, 2001

Florida Division of Corporations  
Re: Les Schwartz, inc.

Our client requests a waiver of the penalty amount and we are submitting a check for \$ 150.00.

Due to very heavy travel requirements out of the Fort Lauderdale area he just realized that the UBR for 2001 was not timely filed.

He is the sole owner and employee of the company and through a filing oversight the report was filed in an unrelated little used file at his office.

Thank you for your consideration and your understanding.

Very truly yours,

Gerald S. Schnitzer