

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000101155

1. Entity Name
LHE CONSULTING CORP.

Principal Place of Business

984 NW 113TH WAY
CORAL SPRINGS FL 33071

Mailing Address

984 NW 113TH WAY
CORAL SPRINGS FL 33071-7888

2. Principal Place of Business

1702 NW 124 WAY
Suite, Apt. #, etc.

3. Mailing Address

1702 NW 124 WAY
Suite, Apt. #, etc.

City & State

CORAL SPRINGS, FL

City & State

CORAL SPRINGS, FL

Zip

33071

Country

BROWARD

Zip

33071

Country

BROWARD

6. Name and Address of Current Registered Agent

SHAPIRO, KENNETH W ESQ.
1776 N. PINE ISLAND RD., S-308
PLANTATION FL 33322

4. FEI Number

65-0885400

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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

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 \$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

TITLE D
NAME EDELSTEIN, LEE
STREET ADDRESS 984 NW 113TH WAY
CITY-ST-ZIP CORAL SPRINGS FL 33071 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D
NAME EDELSTEIN, LEE
STREET ADDRESS 1702 NW 124 WAY
CITY-ST-ZIP CORAL SPRINGS, FL 33071 ☒ Change ☐ Addition

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

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

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

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

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

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

1/10/00

Date

954-227-7880

Daytime Phone #

701388



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)