

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000041270

1. Entity Name  
LEMIRE HOLDINGS, INC.

(R)

Principal Place of Business

1930 NORTH 30TH ROAD  
HOLLYWOOD FL 33021

Mailing Address

1930 NORTH 30TH ROAD  
HOLLYWOOD FL 33021

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

65-0917238

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

LEMIRE, RICHARD  
1930 NORTH 30TH ROAD  
HOLLYWOOD FL 33021

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 13, 2000 Min. will be \$750.00**  
**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. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
LEMIRE, RICHARD  
1930 NORTH 30TH ROAD  
HOLLYWOOD FL 33021 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ Delete

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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)(l), 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

Date

Daytime Phone #

FILED  
Aug 16, 2000 8:00 am  
Secretary of State

04-11-2000 90086 001 \*\*\*300.00

08-16-2000 90002 027 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (5/00)

Attachment  
Pg 9000041270  
A10673675  
**LEDGER PLUS**

August 1, 2000

Florida Secretary of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

To Whom It May Concern:

My name is Paul Franson and I am the accountant for Lemire Holdings, Inc. (65-0917238). This is the first UBR that Mr. Lemire has had to file for Lemire Holdings, Inc.. For whatever reason he did not receive the first UBR. We will make sure that all future UBR's will be filed on a timely basis. Please find enclosed a completed UBR with a check for \$150.

If I can provide any further information, please contact me at 954-450-9906, 9050 Pines Blvd., #450, Pembroke Pines Professional Centre, Pembroke Pines, FL 33024.

Sincerely,



Paul Franson, CPA, MBA