

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000050438

1. Entity Name

LESTER'S 3, INC.

Principal Place of Business

Mailing Address

250 STATE ROAD 84  
FORT LAUDERDALE FL 33315

250 STATE ROAD 84  
FORT LAUDERDALE FL 33315-2545

FILED

Feb 08, 2000 8:00 am  
Secretary of State

02-08-2000 90072 037 \*\*\*150.00

00010014



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

1399 NW 136TH AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SUNRISE FL

City & State

4. FEI Number

65-0924126

Applied For

Not Applicable

Zip

33323

Country

USA

Zip

Country

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

COKER, RICHARD G JR.  
1318 SOUTHEAST 2ND AVENUE  
FORT LAUDERDALE FL 33316

Name DOGAGIS, PETER

Street Address (P.O. Box Number is Not Acceptable)  
250 STATE RD 84

City FT. LAUDERDALE

FL

Zip Code 33315

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

*Peter Dogagis*

OWNER

Signature, typed or printed name of registered agent and type 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	PD	<input type="checkbox"/> Delete
NAME	DOGAGIS, PETER	
STREET ADDRESS	250 STATE ROAD 84	
CITY-ST-ZIP	FORT LAUDERDALE FL 33315	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	DOGAGIS, PETER	
STREET ADDRESS	250 STATE ROAD 84	
CITY-ST-ZIP	FORT LAUDERDALE FL 33315	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

*Peter Dogagis*  
PETER DOGAGIS

OWNER

2/4/00 (954) 525-9853

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #