2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 08, 2000 8:00 am
Secretary of State
02-08-2000 90072 037 ***150.00

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

D00100014

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1399 NW 136 TH AVE	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: SUNRISE FL	City & State
Zip: 33323 Country: USA	Zip Country

4. FEI Number 65-0924126 ☐ 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
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: X Peter Dogagis OWNER
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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD DOGAGIS, PETER 250 STATE ROAD 84 FORT LAUDERDALE FL 33315	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD DOGAGIS, PETER 250 STATE ROAD 84 FORT LAUDERDALE FL 33315	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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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: X Peter Dogagis OWNER 2/4/00 (954) 525-9853
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
PETER DOGAGIS