

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2001 8:00 am
Secretary of State

01-31-2001 90197 011 ***150.00

DOCUMENT # P99000050438

1. Entity Name

LESTER'S 3, INC.

Principal Place of Business

**7399 NW 136TH AVE
 SUNRISE FL 33323**

Mailing Address

**250 STATE ROAD 84
 FORT LAUDERDALE FL 33315**

2. Principal Place of Business

1393 NW 136TH AVE

3. Mailing Address

Suite, Apt. #, etc.

City & State

SUNRISE FL

City & State

Zip

33323 BROWARD

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

**COKER, RICHARD G JR.
 250 STATE RD 84
 FORT LAUDERDALE FL 33315**

7. Name and Address of New Registered Agent

Name **PETER DOGAGIS**
 Street Address (P.O. Box Number is Not Acceptable)
250 STATE ROAD 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

Signature, typed or printed name of registered agent and fee, 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, 2001 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		
TITLE		<input type="checkbox"/> Delete
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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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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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

Peter Dogagis

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

954-525-5641

Daytime Phone #

CR2E034 (10/00)