

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000067351

1. Entity Name

LIPPMAN & LIPPMAN ENTERPRISES, INC.

**FILED**  
**Apr 24, 2000 8:00 am**  
**Secretary of State**

04-24-2000 90034 033 \*\*\*150.00

Principal Place of Business

1801 CLINTMOORE ROAD  
SUITE 201  
BOCA RATON FL 33487

Mailing Address

1801 CLINTMOORE ROAD  
SUITE 201  
BOCA RATON FL 33487-2752

2. Principal Place of Business

6401 CONGRESS AVE  
Suite, Apt. #, etc.  
140

3. Mailing Address

6401 CONGRESS AVE  
Suite, Apt. #, etc.  
140



DO NOT WRITE IN THIS SPACE

City & State

BOCA RATON FL

City & State

BOCA RATON FL

4. FEI Number

65-0939530

Applied For

Not Applicable

Zip

33487

Country

USA

Zip

33487

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name  
KAREN LIPPMAN  
Street Address (P.O. Box Number is Not Acceptable)  
6401 CONGRESS AVE  
SUITE 140  
City  
BOCA RATON FL Zip Code  
33487

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 Karen Lippman DATE 4/18/00  
Signature, typed or printed name of registered agent and entity if applicable. (NOTE: Registered Agent signature required when reinstating)

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	LIPPMAN, STEVE H	
STREET ADDRESS	1801 CLINTMOORE ROAD	
CITY-ST-ZIP	BOCA RATON FL 33487	
TITLE	VTD	<input type="checkbox"/> Delete
NAME	LIPPMAN, KAREN	
STREET ADDRESS	1801 CLINTMOORE ROAD	
CITY-ST-ZIP	BOCA RATON FL 33487	
TITLE	S	<input type="checkbox"/> Delete
NAME	LIPPMAN, MARY S	
STREET ADDRESS	1801 CLINTMOORE ROAD	
CITY-ST-ZIP	BOCA RATON FL 33487	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LIPPMAN, STEVE H	
STREET ADDRESS	6401 CONGRESS AVE, SUITE 140	
CITY-ST-ZIP	BOCA RATON, FL 33487	
TITLE	VTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LIPPMAN, KAREN	
STREET ADDRESS	6401 CONGRESS AVE, SUITE 140	
CITY-ST-ZIP	BOCA RATON, FL 33487	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LIPPMAN MARY S	
STREET ADDRESS	6401 CONGRESS AVE, SUITE 140	
CITY-ST-ZIP	BOCA RATON, FL 33487	
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		
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: Karen Lippman **NOT REQUIRED** DATE 4/18/00 DAYTIME PHONE # 561-999-9701  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)