

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 11, 2003 8:00 am
Secretary of State

09-11-2003 90083 044 ***550.00

DOCUMENT # P99000069201

1. Entity Name
L H SALES, INC.



Principal Place of Business
**1402 S.W. 17TH ST
FORT LAUDERDALE FL 33316**

Mailing Address
**1402 S.W. 17TH ST
FORT LAUDERDALE FL 33316**



2. Principal Place of Business

1406 S.E. 17th Street

Suite, Apt. #, etc.

3. Mailing Address

1406 S.E. 17th Street

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
Fort Lauderdale FL

City & State
Fort Lauderdale FL

4. FEI Number **65-0940475**

Applied For
☐ Not Applicable

Zip
33316

Country
US

Zip
33316

Country
US

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

**LEMROW, LAWRENCE
1402 SE 17TH STREET
FORT LAUDERDALE FL 33316**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete
NAME **LEMKOW, LAWRENCE**
STREET ADDRESS **1402 SW 17TH STREET**
CITY-ST-ZIP **FORT LAUDERDALE FL 33316**

TITLE **PD** ☒ Change ☐ Addition
NAME **Lemkow, Lawrence**
STREET ADDRESS **1406 S.E. 17th Street**
CITY-ST-ZIP **Fort Lauderdale, FL 33316**

TITLE **VPD** ☐ Delete
NAME **HASTIE, MICHAEL**
STREET ADDRESS **1402 SW 17TH STREET**
CITY-ST-ZIP **FORT LAUDERDALE FL 33316**

TITLE **VPD** ☒ Change ☐ Addition
NAME **Hastie, Michael**
STREET ADDRESS **1406 S.E. 17th Street**
CITY-ST-ZIP **Fort Lauderdale, FL 33316**

TITLE **ST** ☒ Delete
NAME **LEMKOW, VERA T.**
STREET ADDRESS **1402 SW 17TH ST**
CITY-ST-ZIP **FORT LAUDERDALE FL 33315**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
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TITLE ☐ Delete
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CITY-ST-ZIP

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/9/03

Date

954-467-5484

Daytime Phone #

CR2E034 (4/03)