

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 29, 2000 8:00 am**  
**Secretary of State**

02-29-2000 90104 007 \*\*\*158.75

**DOCUMENT # S67407**

1. Entity Name  
**LEFMARK FLORIDA, INC.**

Principal Place of Business <b>2601 S. BAYSHORE DRIVE          #300-A          MIAMI FL 33133-5417          US</b>	Mailing Address <b>ONE GREENWAY PLAZA          STE 850          HOUSTON TX 77046          US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip <b>33133-5413</b>	Country
Zip <b>77046-0196</b>	Country

4. FEI Number <b>65-0281974</b>	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
**FRIEDMAN, DAVID A  
 2601 S. BAYSHORE DRIVE  
 #300-A  
 MIAMI FL 33133-5417**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State <b>FL</b>
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.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title 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 NAME STREET ADDRESS CITY-ST-ZIP	DP FRIEDMAN, LEONARD E. ONE GREENWAY PLAZA, SE 850 HOUSTON TX 77046-0197 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FRIEDMAN, DAVID A 2601 S. BAYSHORE DRIVE, SUITE 300-A MIAMI FL 33133-5417 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SV RAY, SANDRA ONE GREENWAY PLAZA, STE 850 HOUSTON TX 77046-0197 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SWINKE, DAVID L ONE GREENWAY PLAZA, STE 850 HOUSTON TX 77046-0197 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT THIBAUT, HOWARD W ONE GREENWAY PALZA, SUITE 850 HOUSTON TX 77046-0197 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SHAPIRO <input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Houston, Texas 77046-0196
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition EVP Miami, Florida 33133-5413
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Sandra E. Ray Houston, Texas 77046-0196
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Houston, Texas 77046-0196
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition One Greenway PLAZA, Suite 850 Houston, Texas 77046-0196
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition C00 SHAPIRO, ROBERT L. 2601 South Bayshore Drive, Suite 300-A Miami, Florida 33133-5413

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: Sandra E. Ray January 18, 2000 713-850-1850  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)

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061035

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*Supporting Page*

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Mailing Address

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#300-A  
MIAMI FL 33133-5417  
US

ONE GREENWAY PLAZA  
STE 850  
HOUSTON TX 77046  
US

A 0023397

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Suite, Apt. #, etc.

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City & State

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City **FL** Zip Code

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**SIGNATURE:** \_\_\_\_\_ Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CPREAR1 (02/00)