

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **S67407**

1. Entity Name
LEFMARK GROUP, INC.

FILED
Apr 17, 2001 8:00 am
Secretary of State

04-17-2001 90025 009 ***158.75

Principal Place of Business
**2601 S. BAYSHORE DRIVE
SUITE 300-A
MIAMI FL 33133-5417
US**

Mailing Address
**ONE GREENWAY PLAZA
SUITE 850
HOUSTON TX 77046-0102
US**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Zip Country

City & State
Zip Country

4. FEI Number **65-0281974**

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 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 **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.

SIGNATURE _____ (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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FRIEDMAN, LEONARD E.		NAME		
STREET ADDRESS	ONE GREENWAY PLAZA, SE 850		STREET ADDRESS		
CITY-ST-ZIP	HOUSTON TX 77046-0197		CITY-ST-ZIP		
TITLE	EVP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FRIEDMAN, DAVID A		NAME		
STREET ADDRESS	2601 S. BAYSHORE DRIVE, SUITE 300-A		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33133-5417		CITY-ST-ZIP		
TITLE	SV	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	RAY, SANDRA E		NAME		
STREET ADDRESS	ONE GREENWAY PLAZA, STE 850		STREET ADDRESS		
CITY-ST-ZIP	HOUSTON TX 77046-0197		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SWINKE, DAVID L		NAME		
STREET ADDRESS	ONE GREENWAY PLAZA, STE 850		STREET ADDRESS		
CITY-ST-ZIP	HOUSTON TX 77046-0196		CITY-ST-ZIP		
TITLE	VT	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	THIBAUT, HOWARD W		NAME		
STREET ADDRESS	ONE GREENWAY PALZA, SUITE 850		STREET ADDRESS		
CITY-ST-ZIP	HOUSTON TX 77046-0196		CITY-ST-ZIP		
TITLE	COO	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SHAPIRO, ROBERT L		NAME		
STREET ADDRESS	2601 SOUTH BAYSHORE DRIVE, STE 300		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33133-5413		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.

Sandra E. Ray, Secretary and Vice President
SIGNATURE: _____ **March 23, 2001** **713-850-1850**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)