

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 29, 2002 8:00 am**  
**Secretary of State**

03-29-2002 90798 036 \*\*\*158.75

**DOCUMENT # S67407**

1. Entity Name

**LEFMARK GROUP, INC.**

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

**One Greenway Plaza**

Suite, Apt. #, etc.  
**Suite 850**

3. Mailing Address

Suite, Apt. #, etc.

City & State  
**Houston TX**

City & State

Zip  
**77046**

Country  
**USA**

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  
**Robert L. Shapiro**

Street Address (P.O. Box Number is Not Acceptable)  
**2627 Ives Dairy Road**

Suite 118

City  
**Aventura**

**FL**

Zip Code  
**33180**

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

*[Signature]*

**3/01/02**

Signature, typed or printed name of registered agent and title 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, 2002 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** ☐ Delete  
 NAME  
**FRIEDMAN, LEONARD E.**  
 STREET ADDRESS  
**ONE GREENWAY PLAZA, SE 850**  
 CITY-ST-ZIP  
**HOUSTON TX 77046-0197**

TITLE  
**EVP** ☐ Delete  
 NAME  
**FRIEDMAN, DAVID A**  
 STREET ADDRESS  
**2601 S. BAYSHORE DRIVE, SUITE 300-A**  
 CITY-ST-ZIP  
**MIAMI FL 33133-5417**

TITLE  
**SV** ☐ Delete  
 NAME  
**RAY, SANDRA E**  
 STREET ADDRESS  
**ONE GREENWAY PLAZA, STE 850**  
 CITY-ST-ZIP  
**HOUSTON TX 77046-0197**

TITLE  
**V** ☐ Delete  
 NAME  
**SWINKE, DAVID L**  
 STREET ADDRESS  
**ONE GREENWAY PLAZA, STE 850**  
 CITY-ST-ZIP  
**HOUSTON TX 77046-0196**

TITLE  
**VT** ☐ Delete  
 NAME  
**THIBAUT, HOWARD W**  
 STREET ADDRESS  
**ONE GREENWAY PALZA, SUITE 850**  
 CITY-ST-ZIP  
**HOUSTON TX 77046-0196**

TITLE  
**COO** ☐ Delete  
 NAME  
**SHAPIRO, ROBERT L**  
 STREET ADDRESS  
**2601 SOUTH BAYSHORE DRIVE, STE 300**  
 CITY-ST-ZIP  
**MIAMI FL 33133-5413**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☐ Change ☐ Addition  
 NAME  
**Friedman, David A**  
 STREET ADDRESS  
**One Greenway Plaza, Suite 850**  
 CITY-ST-ZIP  
**Houston TX 77046**

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

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

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

TITLE ☐ Change ☐ 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.

**Lefmark Group, Inc., by Sandra E. Ray, VP, and Secretary**

**SIGNATURE:**

*[Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3-5-02 713-850-1850**

Date

Daytime Phone #

CR2E034 (9/01)