

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 29, 2003 8:00 am**  
**Secretary of State**

04-29-2003 90040 019 \*\*\*158.75

**DOCUMENT # S67407**

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



Principal Place of Business  
**ONE GREENWAY PLAZA  
STE 850  
HOUSTON TX 77046  
US**

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

**60024526**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

City & State

4. FEI Number **65-0281974**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

**SHAPIRO, ROBERT L  
2627 IVES DAIRY RD  
STE 118  
AVENTURA FL 33180**

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 \$150.00  
After May 1, 2003 Fee will be \$550.00  
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 **FRIEDMAN, LEONARD E.**  
STREET ADDRESS **ONE GREENWAY PLAZA, SE 850**  
CITY-ST-ZIP **HOUSTON TX 77046-0197**

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

TITLE **EVP** ☐ Delete  
NAME **FRIEDMAN, DAVID A**  
STREET ADDRESS **ONE GREENWAY PLAZA STE 850**  
CITY-ST-ZIP **HOUSTON TX 77046**

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

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

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

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

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

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

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

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

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:** *Sandra Ray*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/22/03 713-850-1850**

Date Daytime Phone #

CR2E034 (10/02)