

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 09, 2002 8:00 am
Secretary of State

05-09-2002 90014 039 ***150.00

DOCUMENT # V06012

1. Entity Name
SMOLER, LERMAN, BENTE & WHITEBOOK, P.A.

Principal Place of Business
100 SE 2ND STREET
SUITE 2620
MIAMI FL 33131
US

Mailing Address
100 SE 2ND STREET
SUITE 2620
MIAMI FL 33131
US

B0093061



2. Principal Place of Business
2611 Hollywood Blvd.

3. Mailing Address
2611 Hollywood Blvd.

City & State
Hollywood, FL.

City & State
Hollywood, FL.

4. FEI Number
65-0306095

Applied For
 Not Applicable

Zip
33020

Country
USA

Zip
33020

Country
USA

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

~~SMOLER, BRUCE J.~~
~~2620 NATIONSBANK TOWER~~
~~100 SE SECOND STREET~~
~~MIAMI FL 33131~~

Name
Carlos D. Lerman

Street Address (P.O. Box Number is Not Acceptable)

2611 Hollywood Blvd

City
Hollywood

FL

Zip Code
33020

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 **Carlos Lerman**

4/30/02

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** Delete
 NAME **SMOLER, BRUCE**
 STREET ADDRESS **100 SE 2ND ST, SUITE 2620**
 CITY-ST-ZIP **MIAMI FL 33131**

TITLE **PD** Change Addition
 NAME **Smoler, Bruce**
 STREET ADDRESS **2611 Hollywood Blvd.**
 CITY-ST-ZIP **Hollywood, FL. 33020**

TITLE **SD** Delete
 NAME **LERMAN, CARLOS**
 STREET ADDRESS **100 SE 2ND ST, SUITE 2620**
 CITY-ST-ZIP **MIAMI FL 33131**

TITLE **SD** Change Addition
 NAME **Lerman, Carlos**
 STREET ADDRESS **2611 Hollywood Blvd.**
 CITY-ST-ZIP **Hollywood, FL. 33020**

TITLE **VD** Delete
 NAME **BENTE, KATHLEEN**
 STREET ADDRESS **100 SE 2ND ST, SUITE 2620**
 CITY-ST-ZIP **MIAMI FL 33131**

TITLE **VD** Change Addition
 NAME **Bente, Kathleen**
 STREET ADDRESS **2611 Hollywood Blvd.**
 CITY-ST-ZIP **Hollywood, FL. 33020**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 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.

SIGNATURE: **Carlos Lerman**

4/30/02 (954) 922-2811

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)