

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 04, 2003 8:00 am
Secretary of State

04-04-2003 90117 032 ***150.00

DOCUMENT # S65522

1. Entity Name
LISBER CAFE AND CATERING, INC.



Principal Place of Business
**708 S ROYAL POINCIANA BLVD
MIAMI SPRINGS FL 33166**

Mailing Address
**708 S ROYAL POINCIANA BLVD
MIAMI SPRINGS FL 33166**

2. Principal Place of Business
3750 W. 16 AVE.

3. Mailing Address
P.O. Box 826061

Suite, Apt. #, etc.
UNIT #302

Suite, Apt. #, etc.

City & State
Hialeah, FL

City & State
Pembroke-Pines FL

Zip
33012

Country
U.S.

Zip
33082-6061

Country
U.S.

4. FEI Number
65-0277306

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**MONTOYA, LISBER F
575 SW 181 WAY
PEMBROKE PINES FL 33126**

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. 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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PST
MONTOYA, LISBER F.
575 SW 181 WAY
PEMBROKE PINES FL** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
MONTOYA, LISBER F.
575 SW 181 WAY
PEMBROKE PINES FL** ☐ Delete

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CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/03 954-240-1903

Date Daytime Phone #

CR2E034 (10/02)