

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

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90427 005 ***150.00

DOCUMENT # 366761

1. Entity Name
REDLAND-LUCY STREET BAR, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1395 SW 8th Street
Suite, Apt. #, etc.

3. Mailing Address
25 N E 12th Street
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
HOMESTEAD, FL

City & State
HOMESTEAD, FL

4. FEI Number
59-1305643

Applied For
Not Applicable

Zip
33030

County
MIAMI-DADE

Zip
33030

County
MIAMI-DADE

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
SULLIVAN, ROBERT C.

Street Address (P.O. Box Number is Not Acceptable)
25 NE 12th STREET

City
HOMESTEAD FL Zip Code
33030

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, typed or printed name of registered agent and title if applicable.

NOTE: Registered Agent must have registered with the state.

DATE

9. This corporation is eligible to satisfy its intangible tax filing requirements and elects to do so. (See criteria on back)

January 1 - May 1: Fee is \$150.00
After May 1: Fee is \$550.00
Amended UBR is \$61.25
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	NAME	STREET ADDRESS	CITY - ST - ZIP	TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
PD	SULLIVAN, ROBERT C	25 N.E. 12th STREET	HOMESTEAD, FL				
STD	SULLIVAN, BARBARA H.	25 N.E. 12th STREET	HOMESTEAD, FL				

**DO NOT WRITE
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(1)(b), 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 on an attachment with an address, with all other like empowerers.

SIGNATURE: *Barbara H Sullivan* BARBARA H. SULLIVAN 04-30-02 305-246-1878

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Business Phone