

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 498095

1. Entity Name

LIZA DANIELLE INCORPORATED

**FILED**  
**Mar 04, 2000 8:00 am**  
**Secretary of State**

03-04-2000 90092 024 \*\*\*150.00

Principal Place of Business

Mailing Address

2100 WEST ATLANTIC AVE.  
DELRAY BEACH FL 33445  
US

2100 WEST ATLANTIC AVE.  
DELRAY BEACH FL 33445-4635  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1656461

Applied For

Not Applicable

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

RASKIN, MONTE  
2907 SW 21 TERR #B2  
DELRAY BEACH FL 33445

Name

Raskin Monte

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

2100 West Atlantic Ave

City

DeLray Bch

FL

Zip Code

33445

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 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, 2000 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	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
P	RASKIN, ANDREW	2100 WEST ATLANTIC AVE.	DELRAY BEACH FL 33445	<input type="checkbox"/>
VP	EMIN, KAREN	2100 WEST ATLANTIC AVE.	DELRAY BEACH FL 33445	<input type="checkbox"/>
VP	HORWITZ, JANE	2100 WEST ATLANTIC AVE.	DELRAY BEACH FL 33445	<input type="checkbox"/>
ST	RASKIN, MONTE	2100 WEST ATLANTIC AVE.	DELRAY BEACH FL 33445	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)