

2000 UNIFORM BUSINESS REPORT (UBR)

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

03-04-2000 90092 024 ***150.00

DOCUMENT # 498095

1. Entity Name
LIZA DANIELLE INCORPORATED

Principal Place of Business 2100 WEST ATLANTIC AVE. DELRAY BEACH FL 33445 US	Mailing Address 2100 WEST ATLANTIC AVE. DELRAY BEACH FL 33445-4635 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country



DO NOT WRITE IN THIS SPACE

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

7. Name and Address of New Registered Agent
 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 DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

SIGNATURE: DATE **2-28-00**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)