

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A31678**

1. Entity Name

**LISBOA HOLDINGS, LTD.**

FILED

02 FEB 13 PM 3:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
**C/O KRAMER & ZUCKERMAN, P.A.  
4000 HOLLYWOOD BLVD., SUITE 485 SO.  
HOLLYWOOD FL 33021**

Mailing Address  
**C/O KRAMER & ZUCKERMAN, P.A.  
4000 HOLLYWOOD BLVD., SUITE 485 SO.  
HOLLYWOOD FL 33021**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**DUE BY MAY 1, 2002**

4. FEI Number  
**65-0269367**

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

**KRAMER, ROBERT M.  
KRAMER & ZUCKERMAN, P.A.  
4000 HOLLYWOOD BLVD., SUITE 485 SO.  
HOLLYWOOD FL 33021**

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.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions as Shown on record. **\$13,000.00**

10. Amount of Capital Contributions in FLORIDA to date. **13,000.00**

11. MAKE CHECK PAYABLE TO DEPT. OF STATE  
SEE REVERSE SIDE FOR FEE INFORMATION

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT #  
NAME **SAMUELS, NORMAN**  
STREET ADDRESS **1699 E OAKLAND PARK BLVD**  
CITY-ST-ZIP **FT LAUDERDALE FL 33334**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

**000005023500-1**  
**-02/27/02--01023--028**  
**\*\*\*\*179.75 \*\*\*\*179.75**

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14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: **NORMAN SAMUELS**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**2-6-02 9545669334**  
Date Daytime Phone #

CR2E003 (9/01)

0000904  
AV