

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F95000005699

1. Entity Name

LUSTIG & CO., INC.

FILED
May 02, 2000 8:00 am
Secretary of State

05-02-2000 90050 013 ***150.00

Principal Place of Business

Mailing Address

825 PARKSIDE CIRCLE, NORTH
 BOCA RATON FL 33486
 US

825 PARKSIDE CIRCLE, NORTH
 BOCA RATON FL 33486-5240
 US

2. Principal Place of Business

2493 NW 64th St.

3. Mailing Address

2493 NW 64th St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Boca Raton FL

City & State

Boca Raton FL

4. FEI Number

34-1325074

Applied For

Not Applicable

Zip

33496

Country

USA

Zip

33496

Country

USA

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

LUSTIG, GREGORY J
 825 PARKSIDE CIRCLE, NORTH
 BOCA RATON FL 33486

Name

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

2493 NW 64th St.

City

Boca Raton

FL

Zip Code

33496

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 P ☐ Delete
 NAME LUSTIG, GREGORY J
 STREET ADDRESS 825 PARKSIDE CIRCLE, NORTH
 CITY-ST-ZIP BOCA RATON FL 33486

TITLE ☒ Change ☐ Addition
 NAME address
 STREET ADDRESS 2493 NW 64th St.
 CITY-ST-ZIP Boca Raton FL 33496

TITLE S ☐ Delete
 NAME LUSTIG, LAURA D
 STREET ADDRESS 825 PARKSIDE CIRCLE, NORTH
 CITY-ST-ZIP BOCA RATON FL 33486

TITLE ☒ Change ☐ Addition
 NAME address
 STREET ADDRESS 2493 NW 64th St.
 CITY-ST-ZIP Boca Raton FL 33496

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
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 STREET ADDRESS
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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)