

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 10, 2003 8:00 am
Secretary of State

09-10-2003 90053 020 ***150.00

DOCUMENT # H63140

1. Entity Name

LOUNGE LIZARDS, INTERNATIONALE, INC.



Principal Place of Business

703 E LAS OLAS BLVD.
FT. LAUDERDALE FL 33301

Mailing Address

703 E LAS OLAS BLVD.
FT. LAUDERDALE FL 33301

2. Principal Place of Business

3013 Harbor Dr #AS

3. Mailing Address

3013 Harbor Dr #AS

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

FT. LAUD. FL

City & State

FT. LAUDERDALE, FL

4. FEI Number

59-2553140

Applied For

Not Applicable

Zip

33316

Country

USA

Zip

33316

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

O'BRIEN, ANDREA
703 E LAS OLAS BLVD.
FT. LAUDERDALE FL 33301

7. Name and Address of New Registered Agent

Name SAME ANDREA O'BRIEN
Street Address (P.O. Box Number is Not Acceptable)
3013 Harbor Dr #AS
City FT. LAUDERDALE FL Zip Code 33316

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00

After September 10, 2003 Fee will be \$750.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PSDV
NAME O'BRIEN, ANDREA
STREET ADDRESS 2755 OAK TREE LN
CITY-ST-ZIP FT. LAUDERDALE FL 33309

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PSDV
NAME O'BRIEN ANDREA
STREET ADDRESS 3013 HARBOR DR. #AS
CITY-ST-ZIP FT. LAUDERDALE FL 33316

TITLE
NAME
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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

9/5/03

954-522-8661

CR2E034 (4/03)

Attachment 9/5/03.

80146831
H63148

To whom it may concern,

Will you please accept
my check for my uniform
business report for \$150.- I have
under gone surgery for lung cancer,
closed my retail store located
at 703 E Las Alas Blvd, sold my
home at 2755 Oak Tree Lane
and I had not received my
application since I am in
Massachusetts. - I hope you will
please accept my check.

Thank You
Ondrea G.

FL. 954 500-8661
MA 978 836-9646

FL. Add.

3013 Haven Dr AS
Ft Lauderdale

33316.