## **2001 UNIFORM BUSINESS REPORT (UBR)**

## **FILED** Jan 22, 2001 8:00 am Secretary of State **DOCUMENT # K21164** 1. Entity Name LILLIAN ENTERPRISES, INC. 01-22-2001 90010 027 \*\*\*150.00 Principal Place of Business Mailing Address C/O SANDLER, WILLIAM C/O SANDLER, WILLIAM 3100 SOUTH OCEAN BOULEVARD, APT. 402N 3100 SOUTH OCEAN BOULEVARD, APT. 402N PALM BEACH FL 33480 PALM BEACH FL 33480 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 04-2445912 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired \_\_\_\_\_ Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FONG, WILLIAM Street Address (P.O. Box Number is Not Acceptable) COOPERS AND LYBRAND 515 FLAGLER DR WEST PALM BEACH FL 33401 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. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 DPT ☐ Change ☐ Addition TITLE ☐ Delete TITLE SANDLER, WILLIAM B. NAME NAME STREET ADDRESS 3100 S OCEAN BLVD STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP PALM BEACH FL DVS ☐ Change ☐ Addition ☐ Delete TITLE TITLE SANDLER, LILLIAN NAME NAME 3100 S OCEAN BLVD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PALM BEACH FL TITLE TITI F ☐ Delete ☐ Change ☐ Addition ☐ SANDLER, JAMES E. NAME NAME STREET ADDRESS 3100 S OCEAN BLVD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PALM BEACH FL TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP 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 ap address, with all officer like empowered.