2000 UNIFORM BUSINESS REPORT (UBR) **FILED** Feb 26, 2000 8:00 am Secretary of State **DOCUMENT # K72984** MISS LISA, INC. 02-26-2000 90072 048 ***158.75 Principal Place of Business Mailing Address MORTHEAST 16TH STREET 2931 NORTHEAST 16TH STREET POMPANO BEACH FL 33062-3104 J.... BEACH FL 33062 00029953 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State Applied For City & State 4. FEI Number 65-0117493 Not Applicable Zip Country Country **\$8.75** Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name PINNELL, ALLEN Street Address (P.O. Box Number is Not Acceptable) **2931 NE 16 STREET** POMPANO BEACH FL 33062 Zip Code City 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 (NOTE: Registered Agent signature required when reinstating) 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, 2000 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition Delete TITLE TITLE NAME NAME MOTT, LISA H STREET ADDRESS STREET ADDRESS 2931 NE 16TH ST. CITY-ST-ZIP CITY-ST-ZIP POMPANO BEACH FL 33062 Change ☐ Addition ☐ Delete TITLE NAME PINNELL, ALLEN NAME STREET ADDRESS STREET ADDRESS 2931 NE 16TH ST. CITY-ST-ZIP CITY-ST-ZIP POMPANO BEACH FL ~ ⊡ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE TITLE. NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

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.

TITLE NAME STREET ADDRESS

TITLE

NAME

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

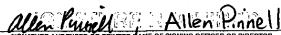
STREET ADDRESS

CITY-ST-ZIP

CITY-ST-7IP

TITLE

NAME



☐ Delete

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CR2E034 (9/99)