

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 22, 2003 8:00 am
Secretary of State

01-22-2003 90107 026 *****50.00

DOCUMENT # L02000002521

1. Entity Name

LULU GIRL LLC



Principal Place of Business

**6003 NW 91 ST AVE.
PARKLAND FL 33067**

Mailing Address

**6003 NW 91 ST AVE.
PARKLAND FL 33067**

20014924



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

47-0847477

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$5.00 Additional
Fee Required**

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**SMITH, PAUL
218 SOUTHERN COUNTRY LANE
QUINCY FL 32351**

7. Name and Address of New Registered Agent

Name

WILLIAM GLAZER

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

6003 NW 91ST AVE

City

PARKLAND

FL

Zip Code

33067

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 **William Glazer (MEMBER)**

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

William Glazer

(NOTE: Registered Agent signature required when reinstating)

1-6-03

DATE

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM** ☐ Delete
NAME **GLAZER, WILLIAM**
STREET ADDRESS **~~200 MARINA BAY DRIVE~~**
CITY-ST-ZIP **~~FLAGLER BEACH FL 32136~~**

TITLE **MGRM** ☐ Delete
NAME **GLAZER, KAREN**
STREET ADDRESS **~~200 MARINA BAY DRIVE~~**
CITY-ST-ZIP **~~FLAGLER BEACH FL 32136~~**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **6003 NW 91ST AVE.**
CITY-ST-ZIP **PARKLAND, FL. 33067**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **6003 NW 91ST AVE.**
CITY-ST-ZIP **PARKLAND, FL 33067**

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

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

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

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

11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *William Glazer*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

WILLIAM GLAZER

1/6/03

Date

9547962477

Daytime Phone #

CR2E083 (10/02)