

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L69916

1. Entity Name

LISA WOLFF, INC.

FILED
Mar 09, 2000 8:00 am
Secretary of State

03-09-2000 90092 045 ***150.00

Principal Place of Business

3700 GALT OCEAN DR
707
FT LAUDERDALE FL 33308
US

Mailing Address

3700 GALT OCEAN DE
707
FT LAUDERDALE FL 33308
US

2. Principal Place of Business

3500 GALT OCEAN DR

3. Mailing Address

3500 GALT OCEAN DR.

Suite, Apt. #, etc.

#301

Suite, Apt. #, etc.

#301

City & State

FT. LAUDERDALE, FL

City & State

FT. LAUDERDALE, FL

Zip

Country

USA

Zip

Country

USA

4. FEI Number

59-3006889

Applied For

Not Applicable

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

JOHNSON, LISA D WOLFF
3700 GALT OCEAN DRIVE STE 707
FORT LAUDERDALE FL 33308

Name

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

3500 GALT OCEAN DRIVE #301

City

FT. LAUDERDALE

FL

Zip Code

33308

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 D
NAME WOLFF-JOHNSON, LISA D
STREET ADDRESS 3700 GALT OCEAN DR., #707
CITY-ST-ZIP FT LAUDERDALE FL ☐ Delete

TITLE SAME
NAME SAME
STREET ADDRESS 3500 GALT OCEAN DR. #301
CITY-ST-ZIP FT. LAUDERDALE, FL 33308 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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:

LISA WOLFF-JOHNSON
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)