

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 23, 2002 8:00 am
Secretary of State

09-23-2002 90196 042 ***150.00

DOCUMENT # M29591

1. Entity Name
LISA AND BROTHERS INC.

Principal Place of Business

**3200 N. FEDERAL HWY.
SUITE 150
FT. LAUDERDALE FL 33306**

Mailing Address

**3200 N. FEDERAL HWY.
SUITE 150
FT. LAUDERDALE FL 33306**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2652906**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

**RIVERA, NORBERTO J.
3200 N FEDERAL HWY
#150
FT. LAUDERDALE FL 33306**

Name

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

City

FL

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. 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

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 \$350.00
After September 13, 2002 Fee will be \$750.00
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
NAME
STREET ADDRESS
CITY-ST-ZIP
**DP
RIVERA, NORBERTO J.
4820 NE 5TH TERRACE
FT. LAUDERDALE FL** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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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:

NOTARIZED REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-20-02

Date

Daytime Phone #

CR2E034 (4/02)

Attachment

873507

LISA AND BROTHERS INC.
DBA Cozzoli's Pizza
3200 N. Federal Highway, Suite 150
Ft. Lauderdale, Fl. 33306

September 1, 2002

Florida Department of State
Division of Corporation,
PO Box 6327
Tallahassee, Fl. 32314

Dear Sirs:

Re: Document # M29591

I am in receipt of the enclosed reminder of unpaid Uniform Business Report.

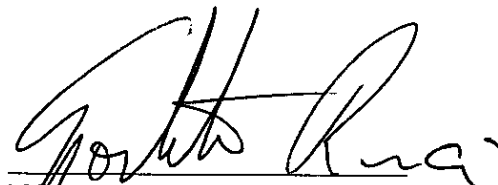
As per my telephone call to your office I wish to inform you in writing that I never received the original report. My business is in a mall that had been undergoing remodeling. This combined with the fact that the mail goes to a mall mailbox and is then distributed to the businesses continues to give us problems.

Because of the above I have a P.O. Box and would like to change my address as follows:-

P.O. Box 39195
Ft. Lauderdale, Fl. 33339

I have enclosed \$150.00 to cover the annual fee.

Very truly yours,


NORBERTO RIVERA, President
Lisa and Brothers, Inc.