

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2001 8:00 am
Secretary of State

05-07-2001 90003 011 ***150.00

DOCUMENT # P00000008696
 1. Entity Name
PARTNER'S DELI, INC.

Principal Place of Business Mailing Address
23123 STATE RD. 7,STE.350B **23123 STATE RD. 7,STE.350B**
BOCA RATON FL 33428 **BOCA RATON FL 33428**

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. **9575 Lake Serena Dr**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Boca Raton FL **Boca Raton FL**

Zip Country Zip Country
33496 **USA**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
FARBER, ANDREW E
23123 STATE RD. 7,STE.350B
BOCA RATON FL 33428

7. Name and Address of New Registered Agent
 Name **LYNNE LUCAS**
 Street Address (P.O. Box Number is Not Acceptable)
3001 NE 52 ST
 City **Lighthouse Pt** **FL** Zip Code **33064**

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 *Lynne Lucas* DATE **4-17-01**
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, 2001 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D - P JOSEPHSON, TODD 23123 STATE RD. 7,STE.350B BOCA RATON FL 33428	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Todd Josephson* **Todd Josephson** **4/16/01** **954 492 0313**
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (10/00)