

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
BOCA RATON FL 33428**

**23123 STATE RD. 7,STE.350B
BOCA RATON FL 33428**

2. Principal Place of Business

3. Mailing Address

9575 Lake Serena Dr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Boca Raton FL

4. FEI Number

None

Applied For

☒ Not Applicable

Zip

Country

Zip

Country

33496 USA

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

FARBER, ANDREW E

**23123 STATE RD. 7,STE.350B
BOCA RATON FL 33428**

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D - P** ☐ Delete
NAME **JOSEPHSON, TODD**
STREET ADDRESS **23123 STATE RD. 7,STE.350B**
CITY-ST-ZIP **BOCA RATON FL 33428**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/01 954 492 0313

Date Daytime Phone #

CR2E034 (10/00)