2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED Feb 14, 2001 8:00 am DOCUMENT # P00000072980 **Secretary of State** THE LION AND THE LAMB GOURMET FOODS, INC. 02-14-2001 90004 012 ***150.00 Principal Place of Business Mailing Address 1152 N UNIVERSITY DRIVE 1152 N UNIVERSITY DRIVE PEMBROKE PINES FL 33024 PEMBROKE PINES FL 33024 2. Principal Place of Business 3. Mailing Address 16HTHOUSE POOLS 8177 W. GLADE 3550 OUD Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For City & State 65-1050757 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent LOOMAR, L. GREGORY ESQ 1152 N UNIVERSITY DRIVE LIGHTHOU PEMBROKÉ PINES FL 33024 FILINGTO 8. The above named entity submits this symment or the purpose of changing its registered office or registered agent, or both, in the State of Florida. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. CHANGES TO OFFICERS AND DIRECTORS IN 11 EDORA, ANTHONY TITLE ☐ Delete DEDORA, ANTHONY NAME NAME 50 OLD LIGHTHOUSE 1152 N UNIVERSITY DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CiTY-ST-ZiP PEMBROKE PINES FL 23024 LLINGTON E PRESIDE □ Nelete TITLE TITLE NAME DRA DARLE NAME JEET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE Change ☐ Addition Delete NAME NAME -STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete ☐ Change TITLE TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS 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 be execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Black 11 or Block 12 in changed, or on an attachment with an address, with all other like empowered.