

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000105348

1. Entity Name

LISA'S LUNCHBOX INC.

Principal Place of Business

2146 NOVA VILLAGE DRIVE
DAVIE FL 33317

Mailing Address

2146 NOVA VILLAGE DRIVE
DAVIE FL 33317

2. Principal Place of Business

3711 SW 47 Ave
Suite, Apt. #, etc. #208

3. Mailing Address

2146 Nova Village Dr.
Suite, Apt. #, etc. DAVE

City & State

DAVIE, FL

City & State

DAVIE FL

4. FEI Number

65-1061307

Applied For

Not Applicable

Zip

33314

Country

Broward

Zip

33317

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

HOLODAK, EDWARD
2500 HOLLYWOOD BLVD STE 212
HOLLYWOOD FL 33020

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.

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, 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 DPST
NAME WINER, LISA
STREET ADDRESS 2146 NOVA VILLAGE DRIVE
CITY-ST-ZIP DAVIE FL 33317 ☐ Delete

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

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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:

Lisa J. Winer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/25/01

Daytime Phone #

954-581-0009

CR2E034 (10/00)



DO NOT WRITE IN THIS SPACE