2002 UNIFORM BUSINESS REPORT (UBR)

May 07, 2002 8:00 am Secretary of State DOCUMENT # P00000105348 1. Entity Name 05-07-2002 90268 010 ***150.00 LISA'S LUNCHBOX INC. Principal Place of Business Mailing Address 3711 SW 47 AVE 2146 NOVA VILLAGE DRIVE #20R DAVIE FL 33317 DAVIE FL 33314 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-1061307 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HOLODAK, EDWARD Street Address (P.O. Box Number is Not Acceptable) 2500 HOLLYWOOD BLVD STE 212 HOLLYWOOD FL 33020 City 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Added to Fees Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE **DPST** Delete TITLE Change . ☐ Addition NAME WINER, LISA STARR, LISA NAME STREET ADDRESS 2146 NOVA VILLAGE DRIVE STREET ADDRESS CITY-ST-ZIP DAVIE FL 33317 CITY-ST-ZIP TITLE ☐ Delete TITLE Addition ☐ Change & STARR, NEIL NAME NAME 2 146 NOVA VILLAGE DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DAVIÉ, FL. <u>33317</u> Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P TITLE Delete TITLE Change ☐ Addition 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 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

SIGNATURE:

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

000000005 Department of Health • Vital Statistics STATE OF FLORIDA MARRIAGE RECORD

DATE RETURNED:

FEB 0 5 2002

RECORDED:

BOOK 339 PAGE 1802

HOWARD C. FORMAN

ERK OF COURT

DEPUTY CLERK

TYPE IN UPPER CASE

USE BLACK INK

This license not valid unless seal of Clerk, Circuit or County Court, appears thereon.

	ML-CE-01-013191					
	(APPLICATION NUMBER)					
APPLICATION TO MARRY						
1. GROOM'S NAME (First, Middle, Lest) NEIL NMN_STARR						F BIRTH (Month, Day, Year) DCT 25, 1964
DAVIE	,	3b. COUNTY BROWARD	3c. STATE FLOR	30. STATE FLORIDA		ACE (State or Foreign Country) NEW YORK
5a. BRIDE'S NAME (First, Middle, Last)			5b. MAIDEN SURNA	ME (if different)	6. DATE OF	F BIRTH (Month, Day, Year)
7a. RESIDENCE - CITY, TOWN, OR LOCATION		7b. COUNTY	GAFTA 7c. SYATE		8. BIRTHPL	IUL 07, 1967 ACE (State or Foreign Country)
DAVIE	WE THE AR	BROWARD	FLORI	DA		JEW YORK
& COUNT	WE THE APPLICANTS NAMED IN THIS CERTIFICATE, EACH FOR HIMSELF OR HERSELF, STATE THAT THE INFORMATION PROVIDED ON THIS RECORD IS CORRECT TO THE BEST OF OUR KNOWLEDGE AND BELIEF, THAT NO LEGAL OBJECTION TO THE MARRIAGE NOR THE ISSUANCE OF A LICENSE TO AUTHORIZE THE SAME IS KNOWN TO US AND HEREBY APPLY FOR LICENSE TO MARRY.					
17th CO	10. SUBSCRIBED AND SWORN TO BEFORE ME ON (DATE) DEC 05, 2001					
CIRCLAT	DEPUTY CLERK J. T. GRAY 12. SIGNATURE OF OFFICIAL (Use black ink) T. GRAY					
County Florida	13. SIGNATURE OF BRIDE (Sign full name using black ink) 14. SUBSCRIBED AND SWORN TO BEFORE MEON (DATE) DEC 05, 2001 15. TITLE OF OFFICIAL (Use place ink)					
IT & COUNTY	DEPUTY CLERK J. T. GRAY					
~	LICENSE TO MARRY					
JUDICIAL TO	AUTHORIZATION AND LICENSE IS HEREBY GIVEN TO ANY PERSON DULY AUTHORIZED BY THE LAWS OF THE STATE OF FLORIDA TO PERFORM A MARRIAGE CEREMONY WITHIN THE STATE OF FLORIDA AND TO SOLEMNIZE THE MARRIAGE OF THE ABOVE NAMED PERSONS. THIS LICENSE MUST BE USED ON OR AFTER THE EFFECTIVE DATE AND ON OR BEFORE THE EXPIRATION DATE IN THE STATE OF FLORIDA IN ORDER TO BE RECORDED AND VALID.					
CIRCUIT	BROWA	RD DEC 05	, 2001	BAL DATE LICENSE DEC 08,	2001	19 EXPIRATION DATE FEB 05, 2002
County, Rond	204 SIGNATURE OF COURT CLERK OR JUDGE BY D.C.					
	CERTIFICATE OF MARRIAGE					
	I HEREBY CERTIFY THAT THE ABOVE NAMED GROOM AND BRIDE WERE JOINED BY ME IN MARRIAGE IN ACCORDANCE WITH THE LAWS OF THE STATE OF FLORIDA. 21. DATE OF MARRIAGE (Month; Day, Year) 22. CITY, TOWN, OR LOCATION OF MARRIAGE					
; * · · ·	21. DATE OF MARRIAGE (Month; Day, Year) 22. CITY, TOWN, OR LOCATION OF MARRIAGE FT- LAUDERDALE, FL,					
Bdward	234 STANLARE OF PERSON FEDORMING CAREMONY (Use black ink) 23c. ADDRESS (Of person performing ceremony)					
Commission		1500 4	1500 HOLLHANDO BLUD, SIZIT, HOLLHENDES FL			
2 D 1	nding Co., inc.	24 SIGNA	24. SICNATURE OF WITNESS TO CEREMONY (Use black ink)			
- Miles		Commission # CC 880908 Expires Oct. 19, 2003 Bonded Thru Atlantic Bonding Co., Inc.		UPLOF WITNESS	тр сенимому (из	se black ink)
				,	. 1 194-7	— .