

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000051479

1. Entity Name
LOUIE LOUIE TO GO, INC.

Principal Place of Business
1103 E LAS OLAS BLVD
FORT LAUDERDALE FL 33301

Mailing Address
1103 E LAS OLAS BLVD
FORT LAUDERDALE FL 33301

2. Principal Place of Business
1404 E 1ST LAS OLAS
Suite, Apt. #, etc.

3. Mailing Address
1313 EAST LAS OLAS BLVD
Suite, Apt. #, etc.

City & State
FT LAUDERDALE, FL 33301
Zip 33301 Country Broward

City & State
FT LAUDERDALE FL
Zip 33301 Country Broward

4. FEI Number
65-1110445
Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
FILING, INC.
3782 N.W. 16TH STREET
FT. LAUDERDALE FL 33311-4132

7. Name and Address of New Registered Agent
Name ROBERT WOLTIN
Street Address (P.O. Box Number is Not Acceptable)
1313 EAST LAS OLAS BLVD
City FORT LAUDERDALE FL Zip Code 33301

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 ROBERT WOLTIN
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature is required when reinstating) DATE 1/4/2001

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, 2002 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 WOLTIN, ROBERT 1103 E LAS OLAS BLVD 1313 EAST LAS OLAS BLVD FORT LAUDERDALE FL 33301
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
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
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
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

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: 
Signature and typed or printed name of signing officer or director Date 1/4/2002 Daytime Phone #

FILED
Jan 08, 2002 8:00 am
Secretary of State
01-08-2002 90003 022 ***150.00



DO NOT WRITE IN THIS SPACE

0304388 AV

CR2E034 (9/01)