

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 16, 2002 8:00 am**  
**Secretary of State**

09-16-2002 90097 020 \*\*\*550.00

**DOCUMENT # P01000095759**

1. Entity Name  
**LAKE RIDGE SANDWICH SHOP, INC.**

Principal Place of Business

1470 N. DIXIE HWY., #4  
 FT. LAUDERDALE FL 33304

Mailing Address

1470 N. DIXIE HWY., #4  
 FT. LAUDERDALE FL 33304



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**Lake Ridge Sub San**

3. Mailing Address

**705 NE 13 ST**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**FT Land FL**

City & State

**FT Land FL**

4. FFI Number

**593-750-107**

Applied For

Not Applicable

Zip

**33304**

Country

**Broward**

Zip

**33304**

Country

**FL**

5. Certificate of Status Desired ☐

**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**GLASSER, PAULA**  
**1470 N. DIXIE HWY., #4**  
**FT. LAUDERDALE FL 33304**

7. Name and Address of New Registered Agent

**Paula Glasser**

Street Address (P.O. Box Number is Not Acceptable)

**1470 N DIXIE HWY**

City **FT Land FL**

**FL**

Zip Code **33304**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Paula Glasser**  
 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 \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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 **PRESIDENT** ☐ Delete  
 NAME **PAULA GLASSER**  
 STREET ADDRESS **1470 N. Dixie Hwy #4**  
 CITY-ST-ZIP **FT. Lauderdale, FL 33304**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
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TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition  
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 STREET ADDRESS  
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TITLE ☐ Change ☐ Addition  
 NAME  
 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 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

Daytime Phone #

CR2E034 (4/02)

**934 468 1477**