

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 25, 2003 8:00 am**  
**Secretary of State**

04-25-2003 90178 002 \*\*\*150.00

0251516 AV

**DOCUMENT # P02000055133**

1. Entity Name  
**LISA OF AMERICA CORPORATION**



Principal Place of Business  
**8410 WEST FLAGLER ST.  
# 111 B  
MIAMI FL 33144**

Mailing Address  
**8410 WEST FLAGLER ST.  
# 111 B  
MIAMI FL 33144**

00072098



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

01-0699187

Applied For

Not Applicable

Zip

Country

Zip

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

**LISA, ANGELA C  
8410 WEST FLAGLER STREET  
# 111 B  
MIAMI FL 33144**

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

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution.

☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONAL VICES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete  
NAME **LISA, ANGELA C**  
STREET ADDRESS **8410 WEST FLAGLER STREET # 111 B**  
CITY-ST-ZIP **MIAMI FL 33144**

TITLE **LISA, ANGELA C** ☒ Change ☐ Addition  
NAME **VICE PRESIDENT**  
STREET ADDRESS **8410 WEST FLAGLER ST. #111B**  
CITY-ST-ZIP **MIAMI, FL. 33144**

TITLE **VP** ☐ Delete  
NAME **LISA, CLAUDIA**  
STREET ADDRESS **8410 WEST FLAGLER STREET # 111 B**  
CITY-ST-ZIP **MIAMI FL 33144**

TITLE **PRESIDENT** ☒ Change ☐ Addition  
NAME **LISA, CLAUDIA**  
STREET ADDRESS **8410 WEST FLAGLER ST # 111B**  
CITY-ST-ZIP **MIAMI, FL. 33144**

TITLE **T** ☐ Delete  
NAME **LISA, ROQUE**  
STREET ADDRESS **8410 WEST FLAGLER STREET # 111 B**  
CITY-ST-ZIP **MIAMI FL 33144**

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

TITLE **S** ☐ Delete  
NAME **LISA, ADRIANO**  
STREET ADDRESS **8410 WEST FLAGLER STREET # 111 B**  
CITY-ST-ZIP **MIAMI FL 33144**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**Signature Required**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-23-03 (305) 2219200

Date

Daytime Phone #

CR2E034 (10/02)