

FILED
May 08, 2003 8:00 am
Secretary of State

05-08-2003 90170 003 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000033513 1. Entity Name LISA'S BOUTIQUE, INC.																												
Principal Place of Business 5845 SUNSET DR SOUTH MIAMI, FL 33143 US		Mailing Address 5845 SUNSET DR SOUTH MIAMI, FL 33143 US																										
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.																										
City & State		City & State																										
Zip		Zip																										
4. Name and Address of Current Registered Agent KAISER, LISA 5845 SUNSET DRIVE MIAMI, FL 33143				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code																								
5. The above named entity certifies 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 _____ (Printed, legible printed name of registered agent with 1 signature) (NOTE: Registered Agent's Signature required when recording) DATE																												
6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 may be Added to Fees				8. Signature of Officer or Director _____																								
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2" style="text-align: left; padding: 5px;"> OFFICERS AND DIRECTORS </th> <th colspan="2" style="text-align: left; padding: 5px;"> ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS (If Any) </th> </tr> </thead> <tbody> <tr> <td style="width: 50%; padding: 5px;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="width: 50%; padding: 5px;"> ☐ Delete KAISER, LISA 5845 SUNSET DR SOUTH MIAMI, FL </td> <td style="width: 50%; padding: 5px;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="width: 50%; padding: 5px;"> ☐ Change ☐ Addition </td> </tr> <tr> <td style="padding: 5px;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="padding: 5px;"> ☐ Delete </td> <td style="padding: 5px;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="padding: 5px;"> ☐ Change ☐ Addition </td> </tr> <tr> <td style="padding: 5px;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="padding: 5px;"> ☐ Delete </td> <td style="padding: 5px;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="padding: 5px;"> ☐ Change ☐ Addition </td> </tr> <tr> <td style="padding: 5px;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="padding: 5px;"> ☐ Delete </td> <td style="padding: 5px;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="padding: 5px;"> ☐ Change ☐ Addition </td> </tr> <tr> <td style="padding: 5px;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="padding: 5px;"> ☐ Delete </td> <td style="padding: 5px;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="padding: 5px;"> ☐ Change ☐ Addition </td> </tr> </tbody> </table>					OFFICERS AND DIRECTORS		ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS (If Any)		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete KAISER, LISA 5845 SUNSET DR SOUTH MIAMI, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
OFFICERS AND DIRECTORS		ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS (If Any)																										
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete KAISER, LISA 5845 SUNSET DR SOUTH MIAMI, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition																									
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition																									
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition																									
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition																									
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition																									
9. I hereby certify that the information supplied with this filing does not qualify for the exemption listed in Section 119.07(3)(1), Florida Statutes. I further certify that the information indicated on this record 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 partnership; and, if empowered to execute the 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 to an address, with all other filers empowered.																												
SIGNATURE: _____ (SIGNATURES AND TYPES OR PRINTS OF EACH OFFICER OR DIRECTOR)																												