

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 24, 2001 8:00 am**  
**Secretary of State**

04-24-2001 90050 025 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

<b>DOCUMENT # P93000073408</b> 1. Entity Name <b>LB INTERNATIONAL SALES CORP.</b>																															
Principal Place of Business 6601 NW 14TH ST. STE #7 PLANTATION FL 33313 US		Mailing Address 6601 NW 14TH ST. STE #7 PLANTATION FL 33313 US																													
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.																													
City & State		City & State																													
Zip	Country	Zip	Country																												
6. Name and Address of Current Registered Agent  <b>THE PRENTICE HALL CORPORATION SYSTEM, INC.</b> <b>1201 HAYES ST.</b> <b>STE 105</b> <b>TALLAHASSEE FL 32301</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>																															
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>		<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2001 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>																													
10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>																													
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: left; padding: 2px;">11. OFFICERS AND DIRECTORS</th> <th colspan="2" style="text-align: left; padding: 2px;">12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td style="width: 30%; padding: 2px;">           TITLE NAME STREET ADDRESS CITY-ST-ZIP         </td> <td style="width: 70%; padding: 2px;">           P LIFTON, HARVEY 6948 QUEENFERRY CIRCLE BOCA RATON FL 33498 <input type="checkbox"/> Delete         </td> <td style="width: 30%; padding: 2px;">           TITLE NAME STREET ADDRESS CITY-ST-ZIP         </td> <td style="width: 70%; padding: 2px;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition         </td> </tr> <tr> <td style="padding: 2px;">           TITLE NAME STREET ADDRESS CITY-ST-ZIP         </td> <td style="padding: 2px;">           ST LIFTON, RICHARD 7 SHORE RD HAMPTON BAYS NY <input type="checkbox"/> Delete         </td> <td style="padding: 2px;">           TITLE NAME STREET ADDRESS CITY-ST-ZIP         </td> <td style="padding: 2px;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition         </td> </tr> <tr> <td style="padding: 2px;">           TITLE NAME STREET ADDRESS CITY-ST-ZIP         </td> <td style="padding: 2px;">           VP LIFTON, CAROL 260 W. 52ND ST. NEW YORK CITY NY <input type="checkbox"/> Delete         </td> <td style="padding: 2px;">           TITLE NAME STREET ADDRESS CITY-ST-ZIP         </td> <td style="padding: 2px;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition         </td> </tr> <tr> <td style="padding: 2px;">           TITLE NAME STREET ADDRESS CITY-ST-ZIP         </td> <td style="padding: 2px;">           VP LIFTON, LISA 1301 ST TROPEZ CIRCLE WESTON FL 33326 <input type="checkbox"/> Delete         </td> <td style="padding: 2px;">           TITLE NAME STREET ADDRESS CITY-ST-ZIP         </td> <td style="padding: 2px;">           VP Lisa Lifton 10829 NW 62 Ct. Parkland, FL 33076 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition         </td> </tr> <tr> <td style="padding: 2px;">           TITLE NAME STREET ADDRESS CITY-ST-ZIP         </td> <td style="padding: 2px;">           VP LIFTON, JOHNATHAN 30 RAYLE CT METUCHA NJ 08840 <input type="checkbox"/> Delete         </td> <td style="padding: 2px;">           TITLE NAME STREET ADDRESS CITY-ST-ZIP         </td> <td style="padding: 2px;">           Metuchen, NJ <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition         </td> </tr> <tr> <td style="padding: 2px;">           TITLE NAME STREET ADDRESS CITY-ST-ZIP         </td> <td style="padding: 2px;"> <input type="checkbox"/> Delete         </td> <td style="padding: 2px;">           TITLE NAME STREET ADDRESS CITY-ST-ZIP         </td> <td style="padding: 2px;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition         </td> </tr> </table>				11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LIFTON, HARVEY 6948 QUEENFERRY CIRCLE BOCA RATON FL 33498 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST LIFTON, RICHARD 7 SHORE RD HAMPTON BAYS NY <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LIFTON, CAROL 260 W. 52ND ST. NEW YORK CITY NY <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LIFTON, LISA 1301 ST TROPEZ CIRCLE WESTON FL 33326 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Lisa Lifton 10829 NW 62 Ct. Parkland, FL 33076 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LIFTON, JOHNATHAN 30 RAYLE CT METUCHA NJ 08840 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Metuchen, NJ <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <u>Lisa Lifton</u> <u>Lisa Lifton</u> <u>4/17/01</u> <u>954 581-7311</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																															

CR2E034 (10/00)