

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2003 8:00 am
Secretary of State

04-16-2003 90242 050 ***150.00

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DOCUMENT # P94000028548

1. Entity Name
NEW LOBSTER COMPANY



Principal Place of Business
**8005 N.W. 98TH STREET
HIALEAH FL 33016-2319**

Mailing Address
**8005 N.W. 98TH STREET
HIALEAH FL 33016-2319**



2. Principal Place of Business
2760 W. 81 St

3. Mailing Address

Suite, Apt. #, etc.
Hialeah, FL
City & State

Suite, Apt. #, etc.
P.O. Box 160460
City & State
Hialeah, FL

☐ CHECK HERE IF MAKING CHANGES

Zip
33016

Country
USA

Zip
33016-0008

Country
USA

4. FEI Number
65-0491322

Applied For
☐ Not Applicable

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

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324**

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. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
MECOZZI, MILTON L
19101 MYSTIQUE POINTE DR 1706
AVENTURA FL** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
Mecozzi, Milton L.
21050 Point Pl, Apt # 1602
Aventura, FL 33180** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
MECOZZI, MILTON JR
9783 NW 30TH STREET
MIAMI FL** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Mecozzi, Milton Jr.
11163 NW 71 TR
Miami, FL 33178** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
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☐ Delete

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/03
Date

(305) 628-8308
Daytime Phone #

CR2E034 (10/02)