

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000091774

1. Entity Name
LANSON'S SUPERSTORES, INC.

FILED
Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90291 025 ***150.00

Principal Place of Business
13702 BISCAYNE BLVD
N. MIAMI BEACH FL 33181
US

Mailing Address
13702 BISCAYNE BLVD
N. MIAMI BEACH FL 33181
US

2. Principal Place of Business
3165 N.E. 163rd STREET
Suite, Apt. #, etc.

3. Mailing Address
3165 N.E. 163rd STREET
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
NORTH MIAMI BEACH FL
Zip
33160
Country
USA

City & State
NORTH MIAMI BEACH FL
Zip
33160
Country
USA

4. FEI Number 65-0640481
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
KAISER, DEBRA S
176 BAL BAY DR.
BAL HARBOUR FL 33015

7. Name and Address of New Registered Agent
Name KAISER, DEBRA S. / O ELEGANT KAISER
Street Address (P.O. Box Number is Not Acceptable)
11111 BISCAYNE BLVD.
APT. # 1756, TWR # 3
City MIAMI FL Zip Code 33181

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

[Handwritten Signature]

4-19-2001

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

(NOTE: Registered Agent's 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 \$150.00
After MAY 1, 2001 Fee will be \$550.00
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 NAME STREET ADDRESS CITY-ST-ZIP	D KAISER, AVRAM J 13702 BISCAYNE BLVD N MIAMI BCH FL 33181	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KAISER, AVRAM J 3165 N.E. 163rd STREET NORTH MIAMI BEACH, FL. 33160	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

[Handwritten Signature] AVRAM J. KAISER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/2001 305-940-9100
Date Daytime Phone #

CR2E034 (10/00)