

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90092 036 ***150.00

DOCUMENT # **P96000014759 ✓**
1. Entity Name **LIZZIES LOOKING GLASS, INC.**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21210 ST ANDREWS BLVD		3. Mailing Address 21210 ST ANDREWS BLVD	
Suite, Apt. #, etc. 26		Suite, Apt. #, etc. 26	
City & State BOCA RATON, FL		City & State BOCA RATON, FL	
Zip 33433	Country USA	Zip 33433	Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 650646702	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name BRANDON J. DOUGLAS	
Street Address (P.O. Box Number is Not Acceptable) 400 SE 12 ST., BLDG D	
City FT LAUDERDALE	FL Zip Code 33316

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 _____

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

(NOTE: Registered Agent signature required when relocating)

DATE _____

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so (See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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	PD HILLI D'ANTONIO PO BOX 86 BOCA RATON, FL 33429
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD NELSON D'ANTONIO PO BOX 86 BOCA RATON, FL 33429
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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)(f), 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 on an attachment with an address, with all other like employment.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Nelson D'Antonio

4/25/02

Date

Daytime Phone #

5614479393

CR2E034B (12/01)