## **2003 FOR PROFIT CORPORATION** UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT#**

P97000015741

1. Entity Name

LUSTIG & LUSTIG, INC.



## **FILED** Feb 27, 2003 8:00 am Secretary of State 02-27-2003 90118 019 \*\*\*150.00

						No. W.	131						
Principal Place of Business 3149 SW CAPTIVA CT PALM CITY FL 34990			3149	Mailing Address 3149 SW CAPTIVA CT PALM CITY FL 34990					<b>1</b> 1 11 <b>0</b> 1 <b>2</b> 117 1 <b>33</b> 14	1 <b>82</b> 141 <b>88</b> 1	14 <b>13</b> 111 <b>4414</b> 1	21 <b>20</b> 1 <b>0</b> 1131 100	41 <b>0</b> 7400 1100 1000
2. Principal	Place of Busine	ess	3. Ma	3. Mailing Address									
Suite, Apt	# etc		- Cuit	Colta Assur									
5510, 1 pt. 11, 560.			Suit	Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES					
City & State			City	City & State				4. FEI Numbe	59-342	2719			Applied For lot Applicable
Zip Country			Zip	Zip Coun				5. Certificate	of Status De	sired		\$8.75 Ac	dditional
	6. Name	and Address of Curr	rent Register	ed Agent	<u> </u>			7. Name and	Address of	New Re	aistered /	•	
LUSTIC I	EVAN C		<del>.</del>			Name					<u> </u>		
LUSTIG, I	evan s Captiva C1	•	• .				Street Address (P.O. Box Number is Not Acceptable)						
	TY FL 34990	1								<u> </u>	-		
I ALIN OR	II FL 34330												ı
						City					FL	Zip Cod	
8. The above the obligat	named entity tions of registe	submits this statemer red agent.	nt for the purp	ose of changing its	register	ed office or reg	gistered	agent, or both	, in the State	e of Flori	ida. I am f	amiliar with	, and accept
SIGNATURE .													
	Signature, typed or	printed name of registered a	gent and title if app	licable. (NOTE	: Registere	d Agent signature re	equired wh	nen reinstating)			DATE		<del></del>
After	r May 1, 2003	FEE IS \$150.00 Fee will be \$550. Florida Departmen	00 It of State					I	ction Campa st Fund Cont	-			00 May Be d to Fees
10.			ND DIRECTO	RS	11.			ADDITIONS/C	NAMO E O TA	0.0551	SEDO AND	DIDECTOR	20 10 14
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NAME	LUSTIG, MA				NAM								
STREET ADDRESS CITY-ST-ZIP	OCOEE FL	KLING WATER CIR 34761	ICLE			ET ADDRESS , ST-ZIP					4.		
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	ertify that the in	nformation supplied v	vith this filing o	toes not qualify for			n Casti-	n 110 07(0\frac{1}{2})	Florid- O:				
indicated.	on this report o		A is to a mining to	ACCO HOL QUAILIY (OF I	me even	ibrioli stated It	ກ ວອດແດ	лт 119.U/(З)(I),	rionoa Stati	utes. I fü	ırtner certi	v that the in	ntormation (

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 ROUSPED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-21-03 Date

772-219-7944

Daytime Phone #