

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2001 8:00 am
Secretary of State

05-10-2001 90187 008 ***150.00

DOCUMENT.# P97000084770

1. Entity Name
LOX, STOCK & DELI, INC.

Principal Place of Business
**11256 JASMINE HILL CIRCLE
 BOCA RATON FL 33498**

Mailing Address
**11256 JASMINE HILL CIRCLE
 BOCA RATON FL 33498**

102040



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
14984 Horseshoe Trace

3. Mailing Address
14984 Horseshoe Trace

Suite, Apt. #, etc.
Wellington PL

Suite, Apt. #, etc.

City & State
Wellington FL

4. FEI Number **65-0784926**
 Applied For
 Not Applicable

Zip **33414** Country **Palm Beach**
 Zip **33414** Country **Palm Beach**

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

**BREIT, RICHARD H
 3111 STIRLING ROAD
 FORT LAUDERDALE FL 33312**

Name **Randy Zeldman**
 Street Address (P.O. Box Number is Not Acceptable)
14984 Horseshoe Trace
 City **Wellington** **FL** Zip Code **33414**

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 **Randy Zeldman** *[Signature]* **4/25/01**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | Delete |
|-------|-----------------------|----------------------------------|----------------------------|-------------------------------------|
| | D | | | <input checked="" type="checkbox"/> |
| | ZELDMAN, RANDY | 11256 JASMINE HILL CIRCLE | BOCA RATON FL 33498 | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | Change | Addition |
|-------|------|------------------------------|-----------------------------|-------------------------------------|--------------------------|
| | | 14984 Horseshoe Trace | Wellington, FL 33414 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |

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: **Randy Zeldman** *[Signature]* **4/25/01** **561-795-6222**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)