

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 15, 2000 8:00 am
Secretary of State
 02-15-2000 90018 022 ***150.00

DOCUMENT # P98000068268

1. Entity Name
LIPSON FAMILY ENTERPRISES, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
1502 CAYMAN WY. #A-4 **1502 CAYMAN WY. #A-4**
COCONUT CREEK FL 33066 **COCONUT CREEK FL 33066-1400**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **65-0861154** 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

ASARCH, STEVEN J
~~**7777 GLADES RD, STE 200**~~
~~**BOCA RATON FL 33434**~~

Name
 Street Address (P.O. Box Number is Not Acceptable)
2385 EXECUTIVE CENTER DR
SUITE 250
 City **Boca Raton** FL Zip Code **33431**

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 *Louis Lipson* (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. ☐ (See criteria on back)
FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 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	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LIPSON, LOUIS		NAME		
STREET ADDRESS	1502 CAYMAN WY, #A-4		STREET ADDRESS		
CITY-ST-ZIP	COCONUT CREEK FL 33066		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LIPSON, STEPHEN J		NAME		
STREET ADDRESS	27 VILES ST		STREET ADDRESS		
CITY-ST-ZIP	WESTON MA 02193		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LIPSON, JEANETTE		NAME		
STREET ADDRESS	1502 CAYMAN WY, #A-4		STREET ADDRESS		
CITY-ST-ZIP	COCONUT CREEK FL 33066		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	DR LIPSON, ROBERT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LIPSON, ROBERT A		NAME	4. McMULLAN FARM LANE	
STREET ADDRESS	17 SADDLE LN		STREET ADDRESS	WEST CHESTER	
CITY-ST-ZIP	WILMINGTON DE 19803		CITY-ST-ZIP	PENNSYLVANIA 19382	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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 a/other like empowered.

SIGNATURE: *Louis Lipson* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)