

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91833 006 ***150.00

0435436 AV

DOCUMENT # P98000089050

1. Entity Name
LEMON GRASS INDUSTRIES, INC.



Principal Place of Business
**6530 W ROGERS CIRCLE
SUITE 29
BOCA RATON FL 33487**

Mailing Address
**6530 W ROGERS CIRCLE
SUITE 29
BOCA RATON FL 33487**



2. Principal Place of Business

4171 W. HILLSBORO BLVD

3. Mailing Address

4171 W. HILLSBORO BLVD

Suite, Apt. #, etc.

#2

Suite, Apt. #, etc.

#2

City & State

COCONUT CREEK FL

City & State

COCONUT CREEK FL

Zip

33073

Country

Zip

33073

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3537608**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**SHAPIRO & DECTOR, P.A.
7777 GLADES ROAD
SUITE 200
BOCA RATON FL 33434**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **CASCIO, SUZETTE**
STREET ADDRESS **6530 W ROGERS CIRCLE STE 29**
CITY-ST-ZIP **BOCA RATON FL 33487**

TITLE **D** ☐ Delete
NAME **CASCIO, FRANCES**
STREET ADDRESS **6530 W ROGERS CIRCLE STE 29**
CITY-ST-ZIP **BOCA RATON FL 33487**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **4171 W. HILLSBORO BLVD #2**
CITY-ST-ZIP **COCONUT CREEK FL 33073**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **4171 W. HILLSBORO BLVD #2**
CITY-ST-ZIP **COCONUT CREEK FL 33073**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/03

Date

954-418-6110

Daytime Phone

CR2E034 (10/02)