

2001: UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000032301

1. Entity Name
LAKISS FAMILY, INC.

FILED
May 03, 2001 8:00 am
Secretary of State

05-03-2001 90039 021 ***150.00

Principal Place of Business

Mailing Address

13350 S.W. 5TH STREET
DAVIE FL 33325

13350 S.W. 5TH STREET
DAVIE FL 33325

2. Principal Place of Business

14800 S. Military Trail
Suite, Apt. #, etc.

3. Mailing Address

14800 S.
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State Delray Beach FL		City & State Delray Beach FL		4. FEI Number 65-0908397	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip 33484	Country	Zip 33484	Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LAKISS, IBRAHIM
13350 S.W. 5TH STREET
DAVIE FL 33325

Name: LAKISS, Ibrahim
Street Address (P.O. Box Number is Not Acceptable)
1400 S. Military Trail
City: Delray Beach FL Zip Code: 33484

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 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	D LAKISS, IBRAHIM R 13350 S.W. 5TH STREET DAVIE FL 33325 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAKISS, Ibrahim R 14800 S. Military Trail Delray Beach FL 33484 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)