

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P99000062543**

1. Entity Name

LOU AUGUSTIN, INC.**FILED****Aug 01, 2000 8:00 am**
Secretary of State

08-01-2000 90114 033 ***150.00

Principal Place of Business

**11011 N.W. 17TH MANOR
CORAL SPRINGS FL 33071**

Mailing Address

**11011 N.W. 17TH MANOR
CORAL SPRINGS FL 33071**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-093-1160

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**AUGUSTIN, JEAN E
11011 N.W. 17TH MANOR
CORAL SPRINGS FL 33071**

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.

SIGNATURE

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.
(See criteria on back) ☐**FILE NOW!!! FEE IS \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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
**PVSD
AUGUSTIN, JEAN E
11011 N.W. 17TH MANOR
CORAL SPRINGS FL 33071** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
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CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**7/25/00**
Date**954-979-2121**
Daytime Phone #

Attachment
P99000062543

B0103960

July 25, 2000

Uniform Business Report
Division of Corporation
P. O. Box 1500
Tallahassee, FL 32302-1500

Re: Lou Augustin, Inc.
P99000062543

Dear Sir or Madam:

Please be advised that we never received the first notice as you mentioned, it was properly delivered to the wrong address in the neighborhood and was never returned to the Post office. Therefore, we would appreciate your consideration of accepting the check in the amount of \$150.00 for the filing.

If there is any problem please contact us at the earliest convenience.

Your most consideration to this matter is appreciated.

Truly yours,



Jean E. Augustin
11011 NW 17th Manor
Coral Springs, Fl 33071
Phone: 954-345-2740