

05-13-2002 90161 049 \*\*\*150.00

**UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **P 99000081097**  
 1. Entity Name  
**LBJ Hot Dog Emporium, Inc.**

**654952**

2. Principal Place of Business  
**2750 NE 183 Street**  
**APT 1802 T**  
**Aventura, FL 33160**

3. Mailing Address  
**2750 NE 183 Street**  
**APT 1802 T**  
**Aventura, FL 33160**

DO NOT WRITE IN THIS SPACE

4. FFL Number **65-2351223**

Applied Fee  
 Not Applicable

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

7. Name and Address of Current Registered Agent  
 Name  
**LOUISE BROWN**  
**2750 NE 183RD Street**  
**APT 1802 T**  
**Aventura, FL 33160**

Street Address (P.O. Box Number is Not Accepted)  
 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 **JACK ROSS** *Jack Ross* **4-26-02**

9. This corporation is eligible to satisfy its intangible tax filing requirements and elects to do so.   
 January 1 - May 1 Fee is \$150.00  
 After May 1, Fee is \$200.00  
 Amended UBR is \$64.25  
 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			
TITLE	<b>LOUISE BROWN</b>	TITLE	
NAME	<b>2750 NE 183 Street</b>	NAME	
STREET ADDRESS	<b>APT 1802 T</b>	STREET ADDRESS	
CITY-STATE-ZIP	<b>Aventura, FL 33160</b>	CITY-STATE-ZIP	
TITLE	<b>P.D</b>	TITLE	
NAME	<b>JACK ROSS</b>	NAME	
STREET ADDRESS	<b>20381 NE 30th AVE</b>	STREET ADDRESS	
CITY-STATE-ZIP	<b>APT 308</b>	CITY-STATE-ZIP	
	<b>Aventura, FL 33180</b>		
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 of an attachment with an address, with all other like employees.

SIGNATURE: **Jack Ross** *Jack Ross* **4-26-02**

CFE2034B (12/01)