


**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P99000081097		
1. Entity Name LBJ HOT DOG EMPORIUM, INC.		
Principal Place of Business 2750 NE 183TH STREET SUITE #1802-T AVENTURA, FL 33160 <i>c/o JACK ROSS</i>		Mailing Address 2750 NE 30TH AVE SUITE #1802-T AVENTURA, FL 33160 <i>c/o JACK ROSS</i>
2. Principal Place of Business 20381 NE 30TH AVE. AVENTURA, FL 33180		3. Mailing Address 20381 NE 30TH AVE. AVENTURA, FL # 308
4. FEI Number 65-2351223		Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent BROWN, LOUISE 2750 NE 183RD STREET APT 1802-T AVENTURA, FL 33160		7. Name and Address of New Registered Agent Name: EVAN MARBIN Street Address (P.O. Box Number is Not Acceptable): 48 EAST FLAGLER STREET P.H. - 104 City: MIAMI, FL 33131 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: <i>[Signature]</i> DATE: 4/29/03		
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. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS TITLE NAME PD BROWN, LOUISE <input type="checkbox"/> Delete STREET ADDRESS 2750 NE 183RD STREET 1802T CITY-ST-ZIP AVENTURA, FL 33160 TITLE NAME D ROSS, JACK <input type="checkbox"/> Delete STREET ADDRESS 20381 NE 30TH AVE # 308 CITY-ST-ZIP AVENTURA, FL 33180		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS CITY-ST-ZIP TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS CITY-ST-ZIP TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS CITY-ST-ZIP TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition 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: <i>[Signature]</i>		DATE: 4-29-03 (786) 286-8154

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CHECK HERE IF MAKING CHANGES

CR2E034 (10/02)