

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

FILED
Jan 16, 2003 8:00 am
Secretary of State

01-16-2003 90070 031 ***163.75

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1. Entity Name

Lissade And Associates, Inc



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

12550 Biscayne Blvd

Suite, Apt. #, etc.
500

City & State

North Miami, FL

Zip

33181

Country

USA

3. Mailing Address

12550 Biscayne Blvd

Suite, Apt. #, etc.
500

City & State

North Miami, FL

Zip

33181

Country

USA

4. FEI Number

65-0951893

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

Florence Lissade

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

12550 Biscayne Blvd, Suite 500

City

North Miami

FL

Zip Code
33181

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 re-registering)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$01.25

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

NAME

Florence Lissade

STREET ADDRESS

12550 Biscayne Blvd, Suite 500

CITY-ST-ZIP

North Miami, FL 33181

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

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CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Florence Lissade

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-14-03

Date

Daytime Phone #

CR2E034B (12/02)