

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2002 8:00 am
Secretary of State

0319985
AV

DOCUMENT # P99000107445

1. Entity Name

LIME HOUSE CHAPPY ENTERPRISES, INC.

04-09-2002 90023 046 ***150.00

Principal Place of Business

5975 W. SUNRISE BLVD.
SUNRISE FL 33313

Mailing Address

5975 W. SUNRISE BLVD.
SUNRISE FL 33313

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0967336

Applied For

Not Applicable

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

~~PARISI, PETER P~~
~~4045 NW 16TH ST~~
~~SUITE 111~~
~~FORT LAUDERDALE FL 33313~~

Name

Jesse B. Lubar

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

10799 NW 12th Court

City

Plantation

FL

Zip Code

33322

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)

Pres.

3/28/02

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 \$150.00
After May 1, 2002 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 PD
NAME LUBAR, JESSE D
STREET ADDRESS 1400 NE 57TH CT #104
CITY-ST-ZIP FORT LAUDERDALE FL 33334 ☒ Delete

TITLE PD
NAME JESSE LUBAR
STREET ADDRESS 10799 NW 12 COURT
CITY-ST-ZIP Plantation, FL. 33322 ☒ Change ☐ Addition

TITLE VP
NAME LUBAR, IRWIN H
STREET ADDRESS 5975 W. SUNRISE BLVD STE., #215
CITY-ST-ZIP SUNRISE FL 33313 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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)(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

Jesse Lubar

Date

3/28/02

Daytime Phone #

934-817-0837

CR2E034 (9/01)