

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S31126

1. Entity Name

CORMA FLORIDA DESIGNS, INC.

**FILED**  
**Apr 27, 2001 8:00 am**  
**Secretary of State**

04-27-2001 90273 018 \*\*\*158.75

Principal Place of Business

3303 N OCEAN BLVD  
FT. LAUDERDALE FL 33308  
US

Mailing Address

3303 N OCEAN BLVD  
FT. LAUDERDALE FL 33308  
US

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 65-0237984

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

LILIENTHAL, ALFRED

2050 NE 39TH ST #105  
FT. LAUDERDALE FL 33307

2266 SW 15<sup>TH</sup> AVE.  
FT. LAUDERDALE,  
FL 33315

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 \$150.00**  
**After MAY 1, 2001 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 D ☐ Delete  
NAME LILIENTHAL, ALFRED  
STREET ADDRESS 2050 NE 39TH ST., #105  
CITY-ST-ZIP FT. LAUDERDALE FL 33308

TITLE ☒ Change ☐ Addition  
NAME New Address:  
STREET ADDRESS 2266 SW 15<sup>TH</sup> AVE  
CITY-ST-ZIP FT. LAUDERDALE, FL 33315

TITLE D ☐ Delete  
NAME LUPKE, MANFRED  
STREET ADDRESS 10 MCLEARY COURT  
CITY-ST-ZIP TORONTO, ONT, CANADA L4K2Z

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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:

Alfred J. Lilienthal

Alfred J. Lilienthal

April 23, 2001 (954) 563-1078

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)