

FILED
May 16, 2002 8:00 am
Secretary of State

05-16-2002 90054 016 ***150.00

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

DOCUMENT # **V 15483**
 1. Entity Name
LISA + JACK ENTERPRISES INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
137 GOLDEN ISLES DR
 Suite, Apt. #, etc.
APT 1105
 City & State
HALLANDALE FL
 Zip
33009 Country
USA

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

4. FEI Number Applied For
 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
 Name
JACQUES MORRISSETTE
 Street Address (P.O. Box Number is Not Acceptable)
137 GOLDEN ISLES DR
APT 1105
 City
HALLANDALE FL Zip Code
33009

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]**
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)

January 1 - May 1, Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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	P
NAME	JACQUES MORRISSETTE
STREET ADDRESS	137 GOLDEN ISLES DR #1105
CITY-ST-ZIP	HALLANDALE FL 33009
TITLE	SEC-TREA
NAME	LISE BEAUCAGE
STREET ADDRESS	137 GOLDEN ISLES DR #1105
CITY-ST-ZIP	HALLANDALE FL 33009
TITLE	
NAME	
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CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii), 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 on an attachment with an address, with all other like empowered.
 SIGNATURE: **[Signature]** **4/28/2002**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)