

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2002 8:00 am
Secretary of State

02-21-2002 90125 030 ***158.75

0310450 AV

DOCUMENT # V65846

1. Entity Name

LADY OF AMERICA FRANCHISE CORPORATION

Principal Place of Business

**2400 E COMMERCIAL BLVD
 STE 808
 FT LAUDERDALE FL 33308**

Mailing Address

**2400 E COMMERCIAL BLVD
 STE 808
 FT LAUDERDALE FL 33308**

2. Principal Place of Business

3. Mailing Address

500 E. Broward Blvd.

500 E. Broward Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Ste. 1650

Ste. 1650

City & State

City & State

Fort Lauderdale, FL

Fort Lauderdale, FL

Zip

Zip

33394

33394

Broward

Broward



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0374542

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

**WITTENBERNS, ROGER
 2400 EAST COMMERCIAL BLVD
 SUITE 808
 FT. LAUDERDALE FL 33308**

Name

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

500 E. Broward Blvd. Ste. 1650

City

Fort Lauderdale,

FL

Zip Code

33394

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

2-11-02

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** ☐ Delete
 NAME **WITTENBERNS, ROGER**
 STREET ADDRESS **2400 E COMMERCIAL BL 808**
 CITY-ST-ZIP **FT LAUDERDALE FL**

TITLE ☒ Change ☐ Addition
 NAME **500 E. Broward Blvd. Ste. 1650**
 STREET ADDRESS **Fort Lauderdale, FL**
 CITY-ST-ZIP **33394**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
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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:

SIGNATURE REQUIRED

Robert Wittenberns,

2-11-02

954-527-5373

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)