

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
Feb 03, 2001 8:00 am  
Secretary of State

02-03-2001 90283 020 \*\*\*150.00

DOCUMENT # 274098

1. Entity Name

LYNN-MAR APARTMENTS, INC.

Principal Place of Business

1422 HAYES STREET  
APT. #5  
HOLLYWOOD FL 33020  
US

Mailing Address

1422 HAYES STREET  
APT. #5  
HOLLYWOOD FL 33020  
US

2. Principal Place of Business

3. Mailing Address

1422 HAYES ST.  
Suite, Apt. #, etc.  
APT. 17

1422 HAYES ST.  
Suite, Apt. #, etc.  
APT. 17

City & State

HOLLYWOOD FL.

City & State

HOLLYWOOD FL.

Zip

33020

Country

U.S.A.

Zip

33020

Country

U.S.A.



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-1023868

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

POITRAS, THERESE  
1422 HAYES STREET  
HOLLYWOOD FL 33020

Name

JACQUES LA ROCHE

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

1422 HAYES ST. APT. 17

City

HOLLYWOOD

FL

Zip Code

33020

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: *Jacques La Roche*  
Signature, type 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	VP	<input checked="" type="checkbox"/> Delete
NAME	MISURKA, WILLIAM	
STREET ADDRESS	1422 HAYES STREET	
CITY-ST-ZIP	HOLLYWOOD FL 33020	
TITLE	DS	<input type="checkbox"/> Delete
NAME	DZIATKO, GARY	
STREET ADDRESS	1422 HAYES ST.	
CITY-ST-ZIP	HOLLYWOOD FL 33020	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DALDE, ANDRE	
STREET ADDRESS	1422 HAYES STREET	
CITY-ST-ZIP	HOLLYWOOD FL 33020	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ROCHE, MARY	
STREET ADDRESS	1422 HAYES ST.	
CITY-ST-ZIP	HOLLYWOOD FL 33020	
TITLE	PT	<input checked="" type="checkbox"/> Delete
NAME	POITRAS, THERESE	
STREET ADDRESS	1422 HAYES ST.	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DISTASIO, FERN	
STREET ADDRESS	1422 HAYES ST	
CITY-ST-ZIP	HOLLYWOOD FL 33020	

TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MISURKA WILLIAM	
STREET ADDRESS	1422 HAYES ST.	
CITY-ST-ZIP	HOLLYWOOD, FL. 33020	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VICE-PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DALDE ANDRE	
STREET ADDRESS	1422 HAYES ST.	
CITY-ST-ZIP	HOLLYWOOD, FL. 33020	
TITLE	CO-TREASURER/D.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROCHE MARY	
STREET ADDRESS	1422 HAYES ST.	
CITY-ST-ZIP	HOLLYWOOD, FL. 33020	
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DONA EDUARDO	
STREET ADDRESS	1422 HAYES ST.	
CITY-ST-ZIP	HOLLYWOOD, FL. 33020	
TITLE	TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DISTASIO FERN	
STREET ADDRESS	1422 HAYES ST.	
CITY-ST-ZIP	HOLLYWOOD, FL. 33020	

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: *Jacques La Roche*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)