

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 28, 2002 8:00 am**  
**Secretary of State**

05-28-2002 91735 042 \*\*\*\*61.25

**DOCUMENT # 716972**

1. Entity Name

**LAKE PARK CONDOMINIUM I, INC.**

Principal Place of Business

Mailing Address

900 N.E. 199TH ST  
 NORTH MIAMI BEACH FL 33179-3009

900 N.E. 199TH ST  
 NORTH MIAMI BEACH FL 33179-3009

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

**59-1274009**

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

**PERLMAN, MARK**  
**1820 E HALLANDALE BEACH BLVD**  
**HALLANDALE FL 33009**

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

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00 May Be  
 Added to Fees**

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	HANAN, MARTIN R	
STREET ADDRESS	922 N.E. 199TH ST	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33149	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	ALEXANDER, GEORGE	
STREET ADDRESS	942 N.E. 199TH ST	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33179	
TITLE	BM	<input type="checkbox"/> Delete
NAME	LEVINE, MARTIN	
STREET ADDRESS	922 N.E. 199TH ST	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33179	
TITLE	BM	<input checked="" type="checkbox"/> Delete
NAME	TILLMAN, LINDA	
STREET ADDRESS	920 NE 199TH STREET	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33179	
TITLE	BMD	<input checked="" type="checkbox"/> Delete
NAME	MISSINNE, JUNE	
STREET ADDRESS	940 NE 199TH STREET	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33179	
TITLE	BMD	<input checked="" type="checkbox"/> Delete
NAME	HARMON, HAROLD	
STREET ADDRESS	952 NE 199TH STREET	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33179	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEVINE MARTIN	
STREET ADDRESS	922 NE 199 ST	
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33179	
TITLE	VIT/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BURTON, CARLTON	
STREET ADDRESS	922 NE 199 ST	
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33179	
TITLE	BIM/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FEIGENBAUM, FLORENCE	
STREET ADDRESS	952 NE 199 ST	
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33179	
TITLE	BIM/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KLAPPERT, PEARL	
STREET ADDRESS	952 NE 199 ST	
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33179	

CR2E037 (9/01)

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

*Signature of Martin R. Hanan*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Pres. 1/10/02 305-652-8796

Date

Daytime Phone #

B/M/D

Attachment

Zamudio, Isidro

950 NE 199 St.

North Miami Beach, FL 33179

# 716942