

# 2000 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # 727158

1. Entity Name

THE SOVEREIGNS CONDOMINIUM, INC.

FILED

00 DEC -8 AM 8:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
% L&B PROPERTY MANAGEMENT, INC. P. O. BOX 830698 MIAMI FL 33283	% L&B PROPERTY MANAGEMENT, INC. P. O. BOX 830698 MIAMI FL 33283



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		59-1514081		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		<input checked="" type="checkbox"/> \$8.75 Additional Fee Required <input type="checkbox"/> Not Applicable	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
GIL, LILLIE L&B PROPERTY MANAGEMENT INC 6851 S.W. 147 AVE MIAMI FL 33193				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City		FL	

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 Lillie Gil DATE 10/31/00

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25 After September 13, 2000 min. will be \$236.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	NASH, MARTIN		NAME				
STREET ADDRESS	6911 SW 147TH AVE, #3B		STREET ADDRESS				
CITY-ST-ZIP	MIAMI FL		CITY-ST-ZIP				
TITLE	VP	<input type="checkbox"/> Delete	TITLE				
NAME	BURT SCHNEIDER		NAME				
STREET ADDRESS	6861 SW 147TH AVE #4A		STREET ADDRESS				
CITY-ST-ZIP	MIAMI FL		CITY-ST-ZIP				
TITLE	T	<input type="checkbox"/> Delete	TITLE				
NAME	MILLER, FRED		NAME				
STREET ADDRESS	6821 SW 147TH AVE, #2B		STREET ADDRESS				
CITY-ST-ZIP	MIAMI FL		CITY-ST-ZIP				
TITLE	S	<input type="checkbox"/> Delete	TITLE				
NAME	GLASSMAN, RUTH		NAME				
STREET ADDRESS	6831 SW 147TH AVE, #2G		STREET ADDRESS				
CITY-ST-ZIP	MIAMI FL		CITY-ST-ZIP				
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	TANENZAPF, HAROLD		NAME	MURRAY JOHN			
STREET ADDRESS	6901 SW 147TH AVE, #3A		STREET ADDRESS	6901 SW 147 AV. #2C			
CITY-ST-ZIP	MIAMI FL		CITY-ST-ZIP	MIAMI FL 33193			
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	STONE, BEN		NAME	SISSY SLATER			
STREET ADDRESS	6801 SW 147TH AVE, #1A		STREET ADDRESS	6911 SW 147 AVE. #1A			
CITY-ST-ZIP	MIAMI FL		CITY-ST-ZIP	MIAMI FL 33193			

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] DATE: \_\_\_\_\_ DAYTIME PHONE #: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



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**The Sovereigns Condominium Association, Inc.**

c/o L & B Property Management, Inc.

**P.O. Box 830598**

**Miami, FL 33283**

**Phone #305/382/1063**

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**Fax #305/382/2219**

November 29, 2000

Department of State  
Divisions of Corporations  
Uniform Business Report Filings  
P.O. Box 1500  
Tallahassee, FL 32302-1500

RE: Document #727158

Dear Sir/Madam,

Enclosed please find our execute<sup>d</sup> and signed report and our check #11567, in the amount of \$70.00 for the year 2000.

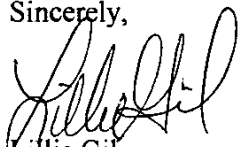
We are writing to you because back in April 18, 2000, we mailed in our report and check #11348. Unfortunately, this check has never cleared our bank. We mailed this check in your envelope, which already has your printed mailing address. This envelope must have been lost in your department, otherwise, the post office would have returned it to us with an explanation. Now we have learned that our not-for-profit corporation has been dissolved.

Never, in the years that the Sovereigns Condominium Association has been filing their annual reports and paying their fees to your department, have they been late in their payments nor filed a report.

We are asking you to please re-instate our corporation with the department and accept our enclosed payment. We have put a top payment on the old check.

If you need any additional documentation or would like to speak with us, please do not hesitate to call.

Sincerely,

  
Lillie Gil  
Managing Agent