

2001 UNIFORM BUSINESS REPORT (UBR)

0000864 AF

DOCUMENT # L00000000705

1. Entity Name

LINCOLN CENTER ASSOCIATES, LLC

FILED

01 JAN 17 PM 2:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

1300 COLLINS AVE.
MIAMI BEACH FL 33139

Mailing Address

1300 COLLINS AVE.
MIAMI BEACH FL 33139

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

☒ Applied For
☐ Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SCHLESSER, MELVYN
1300 COLLINS AVE., #100
MIAMI BEACH FL 33139

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 \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME MGR Schlessen, MEL ☐ Delete
STREET ADDRESS 1300 Collins Ave #100
CITY-ST-ZIP Miami Bch Fl 33139

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

TITLE NAME MGR Leads, Arthur ☐ Delete
STREET ADDRESS 215 W 83 St
CITY-ST-ZIP NY NY 10024

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS 100003567991--8
CITY-ST-ZIP -01/23/01--01079--003
*****50.00 *****50.00

TITLE NAME MGR Gershon, Robert ☐ Delete
STREET ADDRESS 315 W 85 St
CITY-ST-ZIP NY NY 10019

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

TITLE NAME MGR Gershon, Max ☐ Delete
STREET ADDRESS 315 W 85 St
CITY-ST-ZIP NY NY 10019

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (11/00)