

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2002 8:00 am
Secretary of State

02-26-2002 90032 036 ****61.25

RS/2200

DOCUMENT # N19189

1. Entity Name

LENOX HOUSE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

800 LENOX AVE.
 MIAMI BEACH FL 33139

800 LENOX AVE.
 MIAMI BEACH FL 33139

2. Principal Place of Business

800 Lenox Ave

3. Mailing Address

800 Lenox Ave

Suite, Apt. #, etc.

4

Suite, Apt. #, etc.

4

City & State

Miami FL

City & State

Miami FL

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

33139

Country

Dade

Zip

33139

Country

Dade

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MARILYN GOTTLIEG-ROBERTS
 800 LENOX AVE
 #5
 MIAMI BEACH FL 33139

7. Name and Address of New Registered Agent

Name: Lauren Amarex
 Street Address (P.O. Box Number is Not Acceptable): 800 Lenox Ave
 #4
 City: Miami FL Zip Code: 33139

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

Lauren Amarex

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	D	<input type="checkbox"/> Delete
NAME	RECHER, CHARLES	
STREET ADDRESS	800 LENOX AVE, UNIT 6	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MARCO DECONCILIIS, HENRIETTA	
STREET ADDRESS	800 LENOX AVE, UNIT 4	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE	D	<input type="checkbox"/> Delete
NAME	LOTSPEICH, BRADSHAW	
STREET ADDRESS	800 LENOX AVE, UNIT 3	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	HARRISON, LOIS	
STREET ADDRESS	800 LENOX AVE, UNIT 2	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	GOTTLIEB-ROBERTS, MARILYN	
STREET ADDRESS	800 LENOX AVE, UNIT 5	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	FLISS, ERIC	
STREET ADDRESS	800 LENOX AVE, UNIT 1	
CITY-ST-ZIP	MIAMI BEACH FL	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Lauren Amarex	
STREET ADDRESS	800 Lenox Ave #4	
CITY-ST-ZIP	Miami FL 33139	
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Lauren Amarex 2/6/02 305-209-1110

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)