

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 21, 2001 8:00 am
Secretary of State

03-21-2001 90011 042 ****61.25

DOCUMENT # N94000004901

1. Entity Name
LINCOLN TOWERS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business 1300 LINCOLN RD MIAMI BEACH FL 33139 US	Mailing Address 1300 LINCOLN RD OFFICE BLDG MIAMI BEACH FL 33139 US
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00033303



DO NOT WRITE IN THIS SPACE

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 65-0580583	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**PONTILLO, RICARDO
 1300 LINCOLN RD
 #701
 MIAMI BEACH FL 33139**

7. Name and Address of New Registered Agent
 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: DATE: **3/12/01**

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	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

TITLE NAME PD PONTILLO, RICARDO	<input type="checkbox"/> Delete
STREET ADDRESS 1300 LINCOLN ROAD #701	
CITY-ST-ZIP MIAMI BEACH FL 33139	
TITLE NAME D MIRANDA, JORGE	<input type="checkbox"/> Delete
STREET ADDRESS 1300 LINCOLN ROAD #604	
CITY-ST-ZIP MIAMI BEACH FL 33139	
TITLE NAME T LEMUS, MARIANA	<input type="checkbox"/> Delete
STREET ADDRESS 1300 LINCOLN RD., #401	
CITY-ST-ZIP MIAMI BEACH FL 33139	
TITLE NAME S THOURET, INGO O	<input checked="" type="checkbox"/> Delete
STREET ADDRESS 1300 LINCOLN RD., #1006	
CITY-ST-ZIP MIAMI BEACH FL 33139	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME S Edward SLOSER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 1300 Lincoln Rd #1001	
CITY-ST-ZIP Miami Beach, FL 33139	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: DATE: **3/12/01** Daytime Phone #: **(305) 532-1933**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CRZE037 (10/00)