## 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## Feb 05, 2003 8:00 am Secretary of State DOCUMENT # N9400004901 02-05-2003 90122 002 \*\*\*\*61 25 LINCOLN TOWERS CONDOMINIUM ASSOCIATION, INC. Principal Place of Business Mailing Address 1300 LINCOLN RD 1300 LINCOLN RD 90018412 MIAMI BEACH FL 33139 OFFICE BLDG MIAMI BEACH FL 33139 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number 65-0580583 Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired - -----Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name POLANCO, FRANK Street Address (P.O. Box Number is Not Acceptable) 1300 LINCOLN RD # 1006 MIAMI BEACH FL 33139 Zip Code 8. The above named entity subement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered SIGNATURE Signature, typed or printed (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW: FEE IS \$61.25 **\$5.00** May Be Make Check Payable to Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITI F Delete TITLE (10/02)☐ Change Addition POLANCO, FRANK NAME NAME STREET ADDRESS 1300 LINCOLN RD # 1006 STREET ADDRESS CITY-ST-ZIP MIAMI BEACH FL 33139 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition WILLIAMS, MARK R NAME 1300 LINCOLN RD # 703 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI BEACH FL 33139 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition LEMUS, MARIANA NAME NAME 1300 LINCOLN RD., #401 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP" MIAMI BEACH FL 33139 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition LORENZO, AIDA NAME NAME STREET ADDRESS 1300 LINCOLN RD # 504 STREET ADDRESS CITY-ST-ZIP MIAMI BEACH FL 33139 CITY-ST-ZIP TITI F ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemption indicated on this report or supplemental report is true and accurate and that my signature should be corporation or the receiver or trustee empowered to execute this report as required by changed, or on an attaching provide an address, with all other like empowered.

stated is

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Section 119.07(3)(i), Florida Statutes. I further certify that the information of same legal effect as if made under oath; that I am an office of or direct of y. Florida Statutes, and that my name appears in Block 10 or 11

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