


FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION
03 MAR -3 PM 4:26

DOCUMENT # P02000038127

1. Entity Name
LAKESIDE COMMONS, INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1130 Washington Avenue Suite, Apt. #, etc. 4th Floor City & State Miami Beach, FL Zip 33139	3. Mailing Address 1130 Washington Avenue Suite, Apt. #, etc. 4th Floor City & State Miami Beach, FL Zip 33139
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DO NOT WRITE IN THIS SPACE

4. FEI Number
03-0427181

5. Certificate of Status Desired **\$8.75** Additional Fee Required

DO NOT WRITE
IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
McDonough, Brian J.

Street Address (P.O. Box Number is Not Acceptable)
2200 Museum Tower

150 West Flagler Street

City **Miami** State **FL** Zip **33130**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

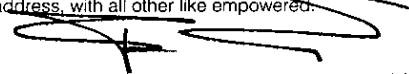
January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			
TITLE	PD	TITLE	
NAME	Saland, Robert	NAME	700013284607
STREET ADDRESS	1130 Washington Ave., 4th Floor	STREET ADDRESS	03/03/03--01002--011 **158..75
CITY-ST-ZIP	Miami Beach, FL 33139	CITY-ST-ZIP	
	VSD		
TITLE		TITLE	
NAME	Rojo, Francisco	NAME	
STREET ADDRESS	1130 Washington Ave., 4th Floor	STREET ADDRESS	
CITY-ST-ZIP	Miami Beach, FL 33139	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

DO NOT WRITE
IN THIS SPACE

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 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:  **FRANCISCO ROJO**
 Vice President 2/26/03 (805) 538-9552, EXT. 103

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)