

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000036329

1. Entity Name
LIGHTHOUSE POINT REALTY, INC.

FILED
May 20, 2000 8:00 am
Secretary of State

05-20-2000 90002 033 ***158.75

Principal Place of Business
2410 N. FEDERAL HIGHWAY
LIGHTHOUSE POINT FL 33064
US

Mailing Address
2410 N. FEDERAL HIGHWAY
LIGHTHOUSE POINT FL 33064-7742
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1851 NE 24 Street
Suite, Apt. #, etc.

3. Mailing Address
1851 NE 24 Street
Suite, Apt. #, etc.

City & State
Lighthouse Pt, FL

City & State
Lighthouse Pt FL

Zip
33064

Country
USA

Zip
33064

Country
USA

4. FEI Number
65-0490444

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MILLER, BARBARA
2221 NE 35TH STREET
LIGHTHOUSE POINT FL 33064

6327 PONDAPPLE RD
BOCA RATON FL 33433

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MILLER, BARBARA 2221 NE 35TH STREET LIGHTHOUSE POINT FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD B. Miller, Barbara 6327 PONDAPPLE RD BOCA RATON FL 33433 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Barbara Miller
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 4/27/00 Daytime Phone #: 954 781-7220

CR2E034 (9/99)