

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 01, 2002 8:00 am
Secretary of State

0574008 AT

DOCUMENT # **P94000036329**

1. Entity Name
LIGHTHOUSE POINT REALTY, INC.

04-01-2002 90666 046 ***158.75

Principal Place of Business
1851 NE 24TH STREET
LIGHTHOUSE POINT FL 33064
US

Mailing Address
PO BOX 50095
LIGHTHOUSE PT. FL 33074
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2840 NE 44ST

3. Mailing Address
PO Box 50095

Suite, Apt. #, etc.

City & State
Lighthouse Pt Fla

City & State
Lighthouse Pt Fla

4. FEI Number
65-0490444

Applied For
 Not Applicable

Zip
33064

Country
US

Zip
33074

Country
US

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
6327 PONDAPPLE ROAD
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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2002 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 6327 PONDAPPLE ROAD BOCA RATON FL 33433	<input type="checkbox"/> Delete
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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* **PM** 3/13/02 (954) 2843397
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)