## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Mailing Address

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zin

CU-9

5401 COLLINS AVENUE

MIAMI BEACH FL 33140

## DOCUMENT # P9600030058

1. Entity Name

LOBBY

Principal Place of Business

2. Principal Place of Business

5401 COLLINS AVENUE

MIAMI BEACH FL 33140

Suite, Apt. #, etc.

City & State

Zip

SIGNATURE

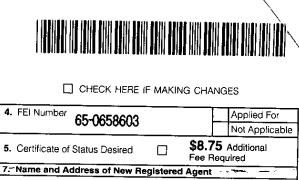
OCEANFRONT REALTY CORP.



## FILED Jan 21, 2003 8:00 am Secretary of State

01-21-2003 90042 004 \*\*\*150.00

90005747



DATE

CHERQUI, DOMINIQUE S 5401 COLLINS AVENUE LOBBY MIAMI BEACH FL 33140

		<del></del>						
	City					FI	Zip Code	
		·				' -		
egistere	d office or	registered agen	t, or both,	in the Sta	te of Florid	da. I am fan	niliar with, and	accept

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

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.

(NOTE: Registered Agent signature required when reinstating)

Country

Name

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

Country

6. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and title if applicable.

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

10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE PRESIDENT ☐ Delete TITLE ☐ Change ☐ Addition CHEQUI, DOMINIQUE S NAME NAME STREET ADDRESS 5401 COLLINS AVENUE STREET ADDRESS MIAMI BEACH FL 33140 CITY-ST-ZIF CITY-ST-7IP TITLE Delete ☐ Change ☐ Addition 1 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Delete ☐ 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 TITLE ☐ Delete ☐ Change ☐ Addition IAME TREET ADDRESS STREET ADDRESS ITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition AME NAME TREET ADDRESS STREET ADDRESS HTY-ST-ZIP

2. 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 ecceiver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if chapter 607, Florida Statutes.

SIGNATURE: 🖢

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

72E034 (10/02)