

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90200 021 ***150.00

DOCUMENT # P96000087602

1. Entity Name

LIGHTHOUSE PROPERTY MANAGEMENT, INC.

Principal Place of Business

Mailing Address

3170 N. FEDERAL HIGHWAY
~~STE 116~~
 LIGHTHOUSE POINT FL 33064

3170 N. FEDERAL HIGHWAY
 SUITE 100
 LIGHTHOUSE POINT FL 33064-6721

900280



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

100

City & State

City & State

4. FEI Number

65-0700331

Applied For

Not Applicable

Zip

Country

Zip

Country

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

SMITH, ROBERT H
3170 N. FEDERAL HIGHWAY
SUITE 100
LIGHTHOUSE POINT FL 33064

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

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

(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	PD	<input type="checkbox"/> Delete
NAME	SMITH, ROBERT H	
STREET ADDRESS	3170 N FEDERAL HWY #100	
CITY-ST-ZIP	LIGHTHOUSE POINT FL	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	NASSEF, RON	
STREET ADDRESS	650 NW 76 TERR B-37 APT 205	
CITY-ST-ZIP	MARGATE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

ST SMITH, ROBERT H
3170 N FEDERAL HWY #100
LIGHTHOUSE POINT FL 33064

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:

Robert H. Smith

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-10-00 (954)761-4158

Date Daytime Phone #

CR2E034 (9/99)