

2000 UNIFORM BUSINESS REPORT (UBR)

777

FILED
Aug 29, 2000 8:00 am
Secretary of State

07-28-2000 90149 020 ***550.00

DOCUMENT # P97000026732

1. Entity Name
LIGHTHOUSE PROPERTIES, INC.

Principal Place of Business
 3840 NE 31ST AVENUE
 LIGHTHOUSE POINT FL 33064

Mailing Address
 3840 NE 31ST AVENUE
 LIGHTHOUSE POINT FL 33064

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
3440 NW 25th Ave
 Suite, Apt. #, etc.

City & State
Pompano Bch. FL

4. FEI Number **65-0826868** Applied For
 Not Applicable

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

Zip **33069** Country **Broward**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
FALL, EUGENE
3840 NE 31ST AVENUE
LIGHTHOUSE POINT FL 33064

7. Name and Address of New Registered Agent
 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 **PMFSr** DATE **8-24-00**

Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when relistening)

9. This corporation is eligible to satisfy its intangible tax filing requirements and elects to do so. **FILE NOW!!! FEE IS \$550.00**
After SEPTEMBER 13, 2000 Min. will be \$750.00
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	DST FALL, EUGENE O 3840 NE 31ST AVENUE LIGHTHOUSE POINT FL 33064 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P FALL, USA C 3840 NE 31ST AVENUE LIGHTHOUSE POINT FL 33064 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: **SIGNATURE REQUIRED** **8-24-00**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR