

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 31, 2000 8:00 am
Secretary of State

05-31-2000 90047 048 ***150.00

DOCUMENT # P99000002583

1. Entity Name

LYNBROOK FINANCIAL MANAGEMENT CORP.

Principal Place of Business

650 WEST AVENUE #1406
 MIAMI FL 33139

Mailing Address

650 WEST AVENUE #1406
 MIAMI FL 33139-5598

2. Principal Place of Business

3135 LaCosta Circle

Suite, Apt. #, etc.

Suite 104

City & State
Naples FL

Zip
34105

Country
USA

3. Mailing Address

3135 LaCosta Circle

Suite, Apt. #, etc.

Suite 104

City & State
Naples FL

Zip
34105

Country
USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0891823

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

34105
 CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE FL 32301-2525

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 address of registered agent, or both, in the State of Florida.

SIGNATURE

Thomas J. Marone

Signature, typed or printed name of registered agent and, if not applicable, (NOTE: Registered Agent signature required when reinstating)

DATE

4-25-2000

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	D			
	MARONE, THOMAS J	650 WEST AVENUE #1406	MIAMI FL 33139	<input type="checkbox"/>
	MARONE, THOMAS J.	3135 LaCosta Circle, Ste 104	Naples FL 34105	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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:

Thomas J. Marone

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

4-25-2000

DAYTIME PHONE #

(941) 659-1550

CR2E034 (9/99)