

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000004574

1. Entity Name

LINCOLN ROAD VILLAS CONDOMINIUM ASSOCIATION, INC

FILED
Jan 14, 2000 8:00 am
Secretary of State

01-14-2000 90040 046 ****70.00

Principal Place of Business

1605 LENOX AVE
STE 12
MIAMI FL 33139
US

Mailing Address

1605 LENOX AVENUE
APT 12
MIAMI BEACH FL 33139-2443
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0474814

Applied For

Not Applicable

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

OLAECHEA, FRANK
1601 LENOX AVE
STE 3
MIAMI BEACH FL 33139

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

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME TABRI, MARCIA
STREET ADDRESS 1605 LENOX AVENUE, UNIT #8
CITY-ST-ZIP MIAMI BEACH FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VD
NAME HEASMAN, JUSTINE
STREET ADDRESS 1601 LENOX AVENUE, UNIT #6
CITY-ST-ZIP MIAMI BEACH FL ☒ Delete

TITLE VD
NAME FRAN RODERICK
STREET ADDRESS 1605 LENOX AVENUE, UNIT #1
CITY-ST-ZIP MIAMI BEACH, FL. ☒ Change ☐ Addition

TITLE STD
NAME OLAECHEA, FRANK
STREET ADDRESS 1601 LENOX AVE UNIT 3
CITY-ST-ZIP MIAMI BEACH FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

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NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
OLAECHEA

1/6/00

(305) 810-3802

CR2E037 19/99