

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 717873

1. Entity Name

LINCOLN BAY TOWERS ASSOCIATION, INC.

FILED
Mar 03, 2000 8:00 am
Secretary of State

03-03-2000 90266 028 ****61.25

Principal Place of Business 1450 LINCOLN ROAD MIAMI BEACH FL 33139 US	Mailing Address 1450 LINCOLN ROAD MIAMI BEACH FL 33139-3258 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number 59-1283008	Applied For <input checked="" type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

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

6. Name and Address of Current Registered Agent
 SUSSMAN, FRANCES
 1450 LINCOLN ROAD
 #410
 MIAMI BEACH FL 33139

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 _____ (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

TITLE D NAME WEISSBERG, JON STREET ADDRESS 1450 LINCOLN RD #306 CITY-ST-ZIP MIAMI BCH FL	<input type="checkbox"/> Delete
TITLE VD NAME STROIA, RONALD STREET ADDRESS 1450 LINCOLN RD #301 CITY-ST-ZIP MIAMI BEACH FL	<input checked="" type="checkbox"/> Delete
TITLE TD NAME SARAH, LENETT M STREET ADDRESS 1450 LINCOLN RD #406 CITY-ST-ZIP MIAMI BCH FL 33199	<input type="checkbox"/> Delete
TITLE SD NAME RIVADENEIRA, PATRICIA STREET ADDRESS 1450 LINCOLN RD #807 CITY-ST-ZIP MIAMI BEACH FL 33199	<input checked="" type="checkbox"/> Delete
TITLE D NAME MELIKEON, BELKISS STREET ADDRESS 1450 LINCOLN ROAD #601 CITY-ST-ZIP MIAMI BCH FL	<input type="checkbox"/> Delete
TITLE PD NAME SUSSMAN, FRANCES STREET ADDRESS 1450 LINCOLN RD. #410 CITY-ST-ZIP MIAMI BCH. FL	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D NAME RIPPEY, DAVID STREET ADDRESS 1450 LINCOLN RD #906 CITY-ST-ZIP MIAMI BEACH FL 33199	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE VD NAME VILA, PEDRO STREET ADDRESS 1456 LINCOLN RD #1001 CITY-ST-ZIP MIAMI BEACH, FL 33199	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE SD NAME RUBIN, ELIZABETH STREET ADDRESS 1450 LINCOLN RD #506 CITY-ST-ZIP MIAMI BEACH, FL 33199	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 2/25/00 954-9773771
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)