

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2002 8:00 am
Secretary of State

02-05-2002 90145 015 ***158.75

DOCUMENT # J85217

1. Entity Name
PARK LANE ASSOCIATES, INC.

Principal Place of Business

6301 COLLINS AVE.
#1203
MIAMI BEACH FL 33141
US

Mailing Address

6301 COLLINS AVE.
#1203
MIAMI BEACH FL 33141
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

9 Island Avenue

3. Mailing Address

9 Island Avenue

Suite, Apt. #, etc.

401

Suite, Apt. #, etc.

401

City & State

Miami Beach, FL

City & State

Miami Beach, FL

4. FEI Number

59-2826508

Applied For

Not Applicable

Zip

33139

Country

USA (MIAMI DADE)

Zip

33139

Country

USA

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

MCLEAN, JAMES R
6301 COLLINS AVE.
APT. 6301
MIAMI BEACH FL 33141

Name

Street Address (P.O. Box Number is Not Acceptable)

9 Island Avenue

Suite 401

City

MIAMI BEACH

FL

Zip Code

33139

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)

James R. McLean

01/17/02

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, 2002 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** ☐ Delete
 NAME **MCLEAN, JAMES R.**
 STREET ADDRESS **6301 COLLINS AVE., APT. 1203**
 CITY-ST-ZIP **MIAMI BEACH FL 33141**

TITLE ☒ Change ☐ Addition
 NAME **9 Island Avenue (#401)**
 STREET ADDRESS **Miami Beach, FL 33139**
 CITY-ST-ZIP **MIAMI BEACH, FL 33139**

TITLE **D** ☐ Delete
 NAME **THORNHILL, VICTORIA E**
 STREET ADDRESS **830 SW 27TH ROAD**
 CITY-ST-ZIP **MIAMI FL 33129**

TITLE ☐ Change ☐ Addition
 NAME **9 Island Avenue (#401)**
 STREET ADDRESS **Miami Beach, FL 33139**
 CITY-ST-ZIP **MIAMI BEACH, FL 33139**

TITLE **DS** ☐ Delete
 NAME **MCLEAN, CLARA I**
 STREET ADDRESS **6301 COLLINS AVE., #1203**
 CITY-ST-ZIP **MIAMI BEACH FL 33141**

TITLE ☒ Change ☐ Addition
 NAME **9 Island Avenue (#401)**
 STREET ADDRESS **Miami Beach, FL 33139**
 CITY-ST-ZIP **MIAMI BEACH, FL 33139**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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

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

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/17/02

Date

(305) 867-8886

Daytime Phone #

CR2E034 (9/01)