

# 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**

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 **James R. McLean**

DATE **01/17/02**

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

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

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

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

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

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

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 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

Date **01/17/02** Daytime Phone # **(305) 867-8886**

CR2E034 (9/01)