

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 12, 2002 8:00 am
Secretary of State

02-12-2002 90114 015 ***150.00

0198018 AV

DOCUMENT # P98000016607

1. Entity Name
1526 PENNSYLVANIA AVENUE, INC.

Principal Place of Business

**1526 PENNSYLVANIA AVE
 MIAMI BEACH FL 33139**

Mailing Address

**LOMBARDI PROPERTIES
 975 41ST ST., #209
 MIAMI BEACH FL 33140**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

167 N.W. 25 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

MIAMI, FL

4. FEI Number

65-0821730

Applied For

Not Applicable

Zip

Country

Zip

Country

33127

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

**LOMBARDI, DAVID
 975 ARTHUR GODFREY RD STE 209
 MIAMI BEACH FL 33140**

Name **DAVID LOMBARDI**

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

167 NW 25 ST.

City **MIAMI**

FL

Zip Code
33127

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

DAVID LOMBARDI TREASURER

1/25/02

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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 ☐ Delete
 NAME **P**
 STREET ADDRESS **GOLDSTEIN, MICHAEL B**
 CITY-ST-ZIP **2121 PONCE DE LEON BLVD #1100
 CORAL GABLES FL 33134**

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

TITLE ☐ Delete
 NAME **S**
 STREET ADDRESS **HORWITZ, SANFORD B**
 CITY-ST-ZIP **2121 PONCE DE LEON BLVD #1100
 CORAL GABLES FL 33134**

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

TITLE ☐ Delete
 NAME **T**
 STREET ADDRESS **LOMBARDI, DAVID**
 CITY-ST-ZIP **975 41ST STREET #209
 MIAMI BEACH FL 33140**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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

1/25/02 (305) 695-1600

Date

Daytime Phone #

CR2E034 (9/01)