

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 01, 2002 8:00 am**  
**Secretary of State**

0022825

04-01-2002 90029 004 \*\*\*\*61.25

**DOCUMENT # 717873**  
 1. Entity Name  
**LINCOLN BAY TOWERS ASSOCIATION, INC.**

Principal Place of Business <b>1450 LINCOLN ROAD MIAMI BEACH FL 33139 US</b>	Mailing Address <b>1450 LINCOLN ROAD MIAMI BEACH FL 33139 US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address <b>% PHOENIX MANAGEMENT</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc. <b>541 S STATE ROAD #12</b>
City & State <b>MARGATE FL</b>	4. FEI Number <b>59-1283008</b>
Zip <b>33068</b>	Country <b>USA</b>

Applied For	<input checked="" type="checkbox"/>
Not Applicable	<input type="checkbox"/>

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	<b>FL</b> 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>WEISSBERG, JON</b> <b>1450 LINCOLN RD #306</b> <b>MIAMI BCH FL</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <b>VILA, PEDRO</b> <b>1450 LINCOLN RD 1001</b> <b>MIAMI BEACH FL 33199</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>SARAH, LENETT M</b> <b>1450 LINCOLN RD #406</b> <b>MIAMI BCH FL 33199</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>RUBIN, ELIZABETH</b> <b>1450 LINCOLN RD 506</b> <b>MIAMI BEACH FL 33199</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MELIKEON, BELKISS</b> <b>1450 LINCOLN ROAD #601</b> <b>MIAMI BCH FL</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>SUSSMAN, FRANCES</b> <b>1450 LINCOLN RD. #410</b> <b>MIAMI BCH. FL</b> <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
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
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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** 3-22-02 954 977 3777

CR2E037 (9/01)