

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 717873

1. Entity Name

LINCOLN BAY TOWERS ASSOCIATION, INC.

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

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

0022825

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



DO NOT WRITE IN THIS SPACE

4. FEI Number <b>59-1283008</b>	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent <b>SUSSMAN, FRANCES 1450 LINCOLN ROAD #410 MIAMI BEACH FL 33139</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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) DATE \_\_\_\_\_

<b>FILE NOW: FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Department of State</b>
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10. OFFICERS AND DIRECTORS	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10																																																																																																																																				
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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 **3-22-02 934 977 3777**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)