

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# J85217

FILED  
Apr 30, 2003  
Secretary of State

Entity Name: PARK LANE ASSOCIATES, INC.

## Current Principal Place of Business:

9 ISLAND AVENUE  
STE 401  
MIAMI, FL 33139 US

## New Principal Place of Business:

9 ISLAND AVENUE  
STE 401  
MIAMI BEACH, FL 33139 US

## Current Mailing Address:

9 ISLAND AVENUE  
STE 401  
MIAMI, FL 33139 US

## New Mailing Address:

C/O JAMES R MCLEAN  
9 ISLAND AVENUE, STE 401  
MIAMI BEACH, FL 33139 US

FEI Number: 59-2826508

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

MCLEAN, JAMES R  
9 ISLAND AVENUE  
STE 401  
MIAMI, FL 33139 US

## Name and Address of New Registered Agent:

MCLEAN, JAMES R  
9 ISLAND AVENUE  
STE 401  
MIAMI BEACH, FL 33139 US

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:

04/30/2003

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: MCLEAN, JAMES R.,  
Address: 9 ISLAND AVENUE STE 401  
City-St-Zip: MIAMI, FL 33139

Title: D ( ) Delete  
Name: THORNHILL, VICTORIA E  
Address: 830 SW 27TH ROAD  
City-St-Zip: MIAMI, FL 33129

Title: DS ( ) Delete  
Name: MCLEAN, CLARA I  
Address: 9 ISLAND AVENUE STE 401  
City-St-Zip: MIAMI, FL 33139

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: MCLEAN, JAMES R.,  
Address: 9 ISLAND AVENUE STE 401  
City-St-Zip: MIAMI BEACH, FL 33139

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: DS (X) Change ( ) Addition  
Name: MCLEAN, CLARA I  
Address: 9 ISLAND AVENUE STE 401  
City-St-Zip: MIAMI BEACH, FL 33139

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES R MCLEAN

PD

04/30/2003

Electronic Signature of Signing Officer or Director

Date