

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 12, 2000 8:00 am**  
**Secretary of State**

01-12-2000 90107 008 \*\*\*158.75

**AUUUZ343**



DO NOT WRITE IN THIS SPACE

**DOCUMENT # 157698**

1. Entity Name  
**MIAMI LINCOLN MERCURY, INC.**

Principal Place of Business <b>8101 NW 7TH AVE.          8101 N W 7 AVE          MIAMI FL 33150          US</b>	Mailing Address <b>8101 NW 7TH AVE.          8101 N W 7 AVE          MIAMI FL 33150-2712          US</b>
2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number **59-0873507**

Applied For	
Not Applicable	

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

<b>6. Name and Address of Current Registered Agent</b>	<b>7. Name and Address of New Registered Agent</b>
<b>REIF, DANIEL S</b> <b>911 N.E. SECOND AVE.</b> <b>FT. LAUDERDALE FL 33304</b>	Name
	Street Address (P.O. Box Number is Not Acceptable)
	City
	State <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 \_\_\_\_\_ DATE \_\_\_\_\_  
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, 2000 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	<b>ST</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DAGLIAN, R.W.</b>	NAME	
STREET ADDRESS	<b>230 SE 10TH ST.</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>POMPANO BEACH FL</b>	CITY-ST-ZIP	
TITLE	<b>DC</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HOLMAN, J S</b>	NAME	
STREET ADDRESS	<b>350 STATION AVE</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>HADDONFIELD NJ</b>	CITY-ST-ZIP	
TITLE	<b>DEV</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CSICSILA, PAUL L.</b>	NAME	
STREET ADDRESS	<b>1092 LONGVIEW</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>FT. LAUDERDALE FL</b>	CITY-ST-ZIP	
TITLE	<b>ST</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>COPPOLA, KEN T</b>	NAME	
STREET ADDRESS	<b>525 CHESTNUT ST</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>MORRISTOWN NJ</b>	CITY-ST-ZIP	
TITLE	<b>S</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MULLIN, KATHY A</b>	NAME	
STREET ADDRESS	<b>727 PADDOCK PATH</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>MORRISTOWN NJ</b>	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: Robert W. Daglian **1-4-00** **954-335-2039**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR 0-24-00001