

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2003 8:00 am
Secretary of State

02-14-2003 90238 007 ***150.00

DOCUMENT # 157698



1. Entity Name
MIAMI LINCOLN MERCURY, INC.

Principal Place of Business
**8101 NW 7TH AVE.
MIAMI FL 33150
US**

Mailing Address
**12 E SUNRISE BLVD
FORT LAUDERDALE FL 33304
US**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-0873507**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**GARDNER, GLENN
911 N.E. SECOND AVE.
FT. LAUDERDALE FL 33304**

Name

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

City

FL

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Delete
NAME **ST DAGLIAN, R.W.**
STREET ADDRESS **230 SE 10TH ST.**
CITY-ST-ZIP **POMPANO BEACH FL**

TITLE Change Addition
NAME **S.T. Albert w/ Daglian**
STREET ADDRESS **1836 Gallop Drive**
CITY-ST-ZIP **Loxahatchee FL 33479**

TITLE Delete
NAME **DC HOLMAN, J S**
STREET ADDRESS **350 STATION AVE**
CITY-ST-ZIP **HADDONFIELD NJ**

TITLE Change Addition
NAME **VICE PRESIDENT WILLIAM CARISS**
STREET ADDRESS **6 DOVER LANE**
CITY-ST-ZIP **MEDFORD, NJ 08055**

TITLE Delete
NAME **EVF TURNER, GLOVER**
STREET ADDRESS **5910 NW 99 AVE**
CITY-ST-ZIP **PARKLAND FL 33076**

TITLE Change Addition
NAME **PRESIDENT GLENN GARDNER**
STREET ADDRESS **911 NE 2ND AVENUE**
CITY-ST-ZIP **FT. LAUD., FL 33309**

TITLE Delete
NAME **S MULLIN, KATHY A**
STREET ADDRESS **727 PADDOCK PATH**
CITY-ST-ZIP **MORRISTOWN NJ**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 607, 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

S.T. Albert w/ Daglian

2.10.03

954 775 2029