

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 217381

1. Entity Name  
PINE BROOK ESTATES, INC

Principal Place of Business  
5600 COLLINS AVENUE #14-V  
MIAMI BEACH FL 33140

Mailing Address  
C/O LOWELL STEIGLER  
9200 BAY HARBOR TERRACE, APT. #3-D  
BAY HARBOR ISLANDS FL 33154

**FILED**  
**Apr 03, 2002 8:00 am**  
**Secretary of State**

04-03-2002 90184 019 \*\*\*150.00



2. Principal Place of Business  
9200 BAY HARBOR TERRACE

3. Mailing Address

Suite, Apt. #, etc.  
APT. # 3D

Suite, Apt. #, etc.

City & State  
BAY HARBOR ISLANDS, FL

City & State

Zip  
33154

Country  
DADE

Zip

Country

4. FEI Number 22-1710397

Applied For  
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

BIRNKRANT, HONORE  
5600 COLLINS AVE  
#7E  
MIAMI BEACH FL 33140

7. Name and Address of New Registered Agent

Name LOWELL STEIGLER

Street Address (P.O. Box Number is Not Acceptable)  
9200 BAY HARBOR TERRACE

APT. # 3D

City BAY HARBOR ISLANDS FL Zip Code 33154

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3/26/02 2002

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, 2002 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

TITLE PT  
NAME STEIGLER, LOWELL  
STREET ADDRESS 5600 COLLINS AVENUE 14-V  
CITY-ST-ZIP MIAMI BEACH FL ☐ Delete

TITLE VD  
NAME STEIGLER, LOWELL  
STREET ADDRESS 5600 COLLINS AVENUE 14-V  
CITY-ST-ZIP MIAMI BEACH FL ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PT ☒ Change ☐ Addition  
NAME STEIGLER, LOWELL  
STREET ADDRESS 9200 BAY HARBOR TERRACE - APT. # 3D  
CITY-ST-ZIP BAY HARBOR ISLANDS, FL. 33154

TITLE VD ☒ Change ☐ Addition  
NAME STEIGLER, LOWELL  
STREET ADDRESS 9200 BAY HARBOR TERRACE - APT. # 3D  
CITY-ST-ZIP BAY HARBOR ISLANDS, FL. 33154

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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:

*Lowell Steigler*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/26/02

Date

(305) 861-1248

Daytime Phone #

0243449 AV

CR2E034 (9/01)