

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # 237885
1. Entity Name **544 MICHIGAN AVE
INC.**



FILED

03 AUG 22 PM 12:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

02 - 03

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business **544 MICHIGAN AV**
Suite; Apt. #, etc. **6**

3. Mailing Address **544 MICHIGAN AV**
Suite, Apt. #, etc. **# 3**

City & State **MIAMI BEACH FL**

City & State **MIAMI BEACH FL**

Zip **33139** Country **DADE**

Zip **33139** Country **DADE**

DO NOT WRITE IN THIS SPACE

4. FEI Number **59 0967448** Applied For Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name **RUSSELL EVICK**

Street Address (P.O. Box Number is Not Acceptable) **544 MICHIGAN AVE #2**

MIAMI BEACH

City **MIAMI BEACH FL** Zip Code **33139**

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 *Russell J. Evick* **RUSSELL EVICK** **8/18/03**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 | | | |
|------------------------------------------------|----------------------------------------------------------------------------------------|------------------------------------------------|-------------------------------------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | RUSSELL EVICK (P) 544 MICHIGAN AVE #2 MIAMI BEACH FL 33139 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | LONA LAZANYI (S.T) 544 MICHIGAN AVE #3 MIAMI BEACH FL 33139 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 800022515538 08/22/03--01047--003 **300.00 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | LILIAN FASSI (V) 16351 NW 127 ST WALEAH GARDEN FL | TITLE NAME STREET ADDRESS CITY-ST-ZIP | DO NOT WRITE IN THIS SPACE |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | TITLE 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 on an attachment with an address, with all other like empowered

SIGNATURE: *Lona Lazanyi* **LONA LAZANYI** **(305) 672-8798**
8-19-2003

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)

544 MICHIGAN AVE INC
544 MICHIGAN AVE APT 3
MIAMI BEACH FL 33139

Request taken by: troberts
08-14-2003

The forms you recently requested from this office are:

- (1) 201. COR Profit A/R

Should you have any questions or need any further information,
please contact us at the address below:

Division of Corporations - P.O. BOX 6327 - Tallahassee FL 32314

Enclosed defor \$300. as I was told
the fee (fine) is waived because mail
was returned. We hope to be reinstated
and don't have any *Sincerely,*
problem is future. *Hona Larany*
This is a small coop. (305) 672-8738
with retainers.