

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2002 8:00 am
Secretary of State

05-23-2002 90049 028 ****61.25

DOCUMENT # 707580

1. Entity Name

BISCAYNE LAKE GARDENS BUILDING "B", INC.

Principal Place of Business

Mailing Address

**2880 NE 203RD ST
 MIAMI FL 33180**

**2865 NE 201 TERR
 AVENTURA FL 33180
 US**

431971



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1235863

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

**LEVINE, RALPH
 2880 N.E. 203 ST.
 MIAMI FL 33180**

Name **Peter Nilsen**

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

2880 NE 203 ST # B8

City **Aventura, FL**

FL

Zip Code **33180**

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.

Peter Nilsen, President

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/25/02

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **TD** ☐ Delete
 NAME **LEVINE, RALPH**
 STREET ADDRESS **2880 NE 203 ST**
 CITY-ST-ZIP **AVENTURA FL**

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

TITLE **PD** ☐ Delete
 NAME **NILSEN, PETER**
 STREET ADDRESS **2880 NE 203RD ST #B-8**
 CITY-ST-ZIP **AVENTURA FL 33180**

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

TITLE **VPD** ☐ Delete
 NAME **SWISSA, HAIM**
 STREET ADDRESS **2760 NE 203 STREET #2**
 CITY-ST-ZIP **AVENTURA FL 33180**

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

TITLE **VPD2** ☒ Delete
 NAME **RICHMAN, FRANK**
 STREET ADDRESS **2880 NE 203 STREET #B2**
 CITY-ST-ZIP **AVENTURA FL 33180**

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

TITLE **SD** ☒ Delete
 NAME **STICKLER, DAVID**
 STREET ADDRESS **2880 NE 203 STREET #B30**
 CITY-ST-ZIP **AVENTURA FL 33180**

TITLE **SD** ☐ Change ☒ Addition
 NAME **Selma Levine**
 STREET ADDRESS **2880 NE 203 #B-1**
 CITY-ST-ZIP **Aventura, FL 33180**

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 617, 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:

Peter Nilsen, President
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.25.02

305-931-0642

Date

Daytime Phone #

CR2E037 (9/01)