## 2002 Uniform Business Report (UBR)

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## Apr 10, 2002 8:00 am DOCUMENT # 845308 Secretary of State 1. Entity Name S & M LANCASTER PROPERTIES, INC. 04-10-2002 90437 035 \*\*\*150 00 Principal Place of Business Mailing Address 18925 COLLINS AVE 18925 COLLINS AVE MIAMI BCH FL 33160 MIAMI BCH FL 33160 2. Principal Place of Business Mailing Address 1915 Hollywood // w/a~d Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE ५० । O' City & State 4. FEI Number Applied For 13-2903003 40 Not Applicable Country X 3<u>3030</u> \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Schaub SCHAUB, MAX Street Address (P.O. Box Number is Not Acceptable) 18925 COLLINS AVENUE MIAMI BEACH FL 33160 Zip Code 8. The above named entity submits this statement for the Jurpose of changing its registered office or redistered agent, or both, in the State of Florida. SIGNATURE Z registered agent and title if Signature, typed or printed name FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible **\$5.00** May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. ρD Change TITLE ☐ Delete TITLE ☐ Addition SCHAUB, MAX NAME NAME 1915 Hollywood Bestevard (Suite 201) 18925 COLLINS AVE. STREET ADDRESS STREET ADDRESS MIAMI BEACH FL CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition Sŋ NAME SILVERBERG, STEVE NAME 1915 Hollywood Borlevard (suite 29) STREET ADDRESS 82 FOREST RD. STREET ADDRESS CITY-ST-ZIP valley stream ny CITY-ST-ZIP TITLE Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE Delete TITLE □ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITI F ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP · Delete TITLE Change TITLE ■ Addition NAMÉ : NAME 3 (2003) STREET ADORESS 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 expowered.