

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Jan 16, 2001 08:00 AM**
Secretary of State**DOCUMENT # F72235**1. Entity Name
LUCERNE MERGED CONDOMINIUMS, INC.**Principal Place of Business**

700 NW 107 AVENUE

MIAMI
33172

FL

Mailing Address

% DAVID B. MCCAIN, ESQ.

700 NW 107TH AVENUE
MIAMI
33172

FL

2. Principal Place of Business**3. Mailing Address**
700 NW 107TH AVENUE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & StateCity & State
MIAMI

FL

Zip

Country

Zip

Country

33172

4. FEI Number**65-0576452**

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 AgentMCCAIN, DAVID B., ESQ.
700 NW 107TH AVENUEMIAMI
33172

FL

US

7. Name and Address of New Registered Agent**Name**

MCCAIN DAVID BESQ.

Street Address (P.O. Box Number is Not Acceptable)
700 NW 107TH AVENUECity
MIAMI

FL

Zip Code
33172

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 **DAVID B. MCCAIN****01/16/2001**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2001 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****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE AS ☐ Delete
NAME SIERRA, KATHLEEN E.
STREET ADDRESS 700 NW 107TH AVE, 4TH FL
CITY-ST-ZIP MIAMI FLTITLE AS ☒ Change ☐ Addition
NAME SIERRA KATHLEEN E
STREET ADDRESS 700 NW 107TH AVE, 4TH FL
CITY-ST-ZIP MIAMI FL 33172TITLE PD ☐ Delete
NAME MILLER STUART A
STREET ADDRESS 700 NW 107TH AVE, 4TH FL
CITY-ST-ZIP MIAMI FL 33172TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE T ☐ Delete
NAME MALCOLM WAYNEWRIGHT
STREET ADDRESS 700 NW 107TH AVE, 4TH FL
CITY-ST-ZIP MIAMI FL 33172TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE VD ☐ Delete
NAME PEKOR, ALLAN J.
STREET ADDRESS 700 NW 107TH AVE, 4TH FL
CITY-ST-ZIP MIAMI FLTITLE VD ☒ Change ☐ Addition
NAME PEKOR ALLAN J
STREET ADDRESS 700 NW 107TH AVE, 4TH FL
CITY-ST-ZIP MIAMI FL 33172TITLE VS ☐ Delete
NAME MCCAIN DAVID B
STREET ADDRESS 700 NW 107 AVENUE
CITY-ST-ZIP MIAMI FL 33172TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE DC ☐ Delete
NAME MILLER, LEONARD
STREET ADDRESS 700 NW 107TH AVE, 4TH FL
CITY-ST-ZIP MIAMI FLTITLE DC ☒ Change ☐ Addition
NAME MILLER LEONARD
STREET ADDRESS 700 NW 107TH AVE, 4TH FL
CITY-ST-ZIP MIAMI FL 33172

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: David B. McCain

VS

01/16/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)