

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J00739 (9)

1. Entity Name

LEWIS PROPERTY INVESTORS, INC.

Principal Place of Business

Mailing Address

8925 S.W. 148 Street
Suite 218
Miami, Fl. 33176

SAME

2. Principal Place of Business

3. Mailing Address

8925 S.W. 148 St.,
Suite, Apt. #, etc.
Suite 218

8925 S.W. 148 St
Suite, Apt. #, etc.
Suite 218

City & State
Miami, Fl. 33176

City & State
Miami, Fl. 33176

Zip Country
33176

Zip Country
33176

4. FEI Number
59-2642237

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

7. Name and Address of New Registered Agent

S.K.R.L.D., INC.
201 Alhambra Circle
Suite 1102
Coral Gables, Florida 33134

Name

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

City

FL

Zip Code

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

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 11, 2000 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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME Lewis, Thomas E.
STREET ADDRESS 8925 S.W. 148 St., Ste 218
CITY-ST-ZIP Miami, Fl. 33176 ☐ Delete

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

TITLE VPAS
NAME Barnes, Joel D.
STREET ADDRESS 8925 S.W. 148 St., Ste 218
CITY-ST-ZIP Miami, Fl. 33176 ☐ Delete

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

TITLE ST
NAME Klisiewicz, Frances
STREET ADDRESS 8925 S.W. 148 St., Ste 218
CITY-ST-ZIP Miami, Fl. 33176 ☒ Delete

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

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CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

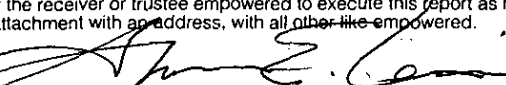
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I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes; I further certify that the information indicated on this report or supplemental report is true and 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:  April 27, 2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Thomas E. Lewis

Date

Daytime Phone #

CR2E037 (9/99)