

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 16, 2001 8:00 am**  
**Secretary of State**

05-16-2001 90252 040 \*\*\*158.75

**DOCUMENT #** J85217  
**1. Entity Name**  
 PARK LANE ASSOCIATES, INC.

**Principal Place of Business**      **Mailing Address**  
 6301 Collins Ave.      P.O.Box 191156  
 #1203      Miami Beach, FL  
 Miami Beach, FL 33141      33119-1156  
 USA      USA

**2. Principal Place of Business**      **3. Mailing Address**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
 #1203      #1203

**City & State**      **City & State**  
 Miami Beach, FL

**Zip**      **Country**      **Zip**      **Country**  
 33141      USA      33141      USA

**4. FEI Number**      **Applied For**  
 59-2826508       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**  
 McLean, James R.  
 6301 Collins Ave.  
 Apt 6301  
 Miami Beach, FL 33141

**7. Name and Address of New Registered Agent**  
 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** \_\_\_\_\_ **DATE** \_\_\_\_\_  
Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating)

**9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.**   
 (See criteria on back)

**10. This report costs \$150.00. After May 1, 2001, fees will be \$200.00. Please Check Payment to Department of State.**


**10. Election Campaign Financing Trust Fund Contribution.**  **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS	
<b>TITLE</b> PD <input type="checkbox"/> Delete	<b>NAME</b> McLean, James R. <b>STREET ADDRESS</b> 6301 Collins Ave., Apt 1203 <b>CITY-ST-ZIP</b> Miami Beach, FL 33141
<b>TITLE</b> D <input type="checkbox"/> Delete	<b>NAME</b> Thornhill, Victoria E. <b>STREET ADDRESS</b> 830 SW 27th Road <b>CITY-ST-ZIP</b> Miami FL 33129
<b>TITLE</b> DS <input type="checkbox"/> Delete	<b>NAME</b> McLean, Clara I. <b>STREET ADDRESS</b> 6301 Collins Ave., Apt # 1203 <b>CITY-ST-ZIP</b> Miami, FL 33141
<b>TITLE</b> <input type="checkbox"/> Delete	<b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>
<b>TITLE</b> <input type="checkbox"/> Delete	<b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>
<b>TITLE</b> <input type="checkbox"/> Delete	<b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

CR2E034 (1/00)

**13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:**  **JAMES R. MCLEAN**      **April 23, 2001**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Secretary of State