

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2002 8:00 am
Secretary of State

02-05-2002 90145 015 ***158.75

DOCUMENT # J85217

1. Entity Name
PARK LANE ASSOCIATES, INC.



Principal Place of Business
6301 COLLINS AVE.
#1203
MIAMI BEACH FL 33141
US

Mailing Address
6301 COLLINS AVE.
#1203
MIAMI BEACH FL 33141
US

2. Principal Place of Business
9 Island Avenue
 Suite, Apt. #, etc.
401

3. Mailing Address
9 Island Avenue
 Suite, Apt. #, etc.
401

City & State
Miami Beach, FL

City & State
Miami Beach, FL

4. FEI Number **59-2826508**
 Applied For
 Not Applicable

Zip **33139** Country **USA (MIAMI DADE)**

Zip **33139** Country **USA**

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

MCLEAN, JAMES R
6301 COLLINS AVE.
APT. 6301
MIAMI BEACH FL 33141

Name
 Street Address (P.O. Box Number is Not Acceptable)
9 Island Avenue
Suite 401
 City **MIAMI BEACH** FL Zip Code **33139**

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 **James R. McLean** DATE **01/17/02**
Signature, typed or printed name of registered agent and title 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)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 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	PD	<input type="checkbox"/> Delete
NAME	MCLEAN, JAMES R.	
STREET ADDRESS	6301 COLLINS AVE., APT. 1203	
CITY-ST-ZIP	MIAMI BEACH FL 33141	
TITLE	D	<input type="checkbox"/> Delete
NAME	THORNHILL, VICTORIA E	
STREET ADDRESS	830 SW 27TH ROAD	
CITY-ST-ZIP	MIAMI FL 33129	
TITLE	DS	<input type="checkbox"/> Delete
NAME	MCLEAN, CLARA I	
STREET ADDRESS	6301 COLLINS AVE., #1203	
CITY-ST-ZIP	MIAMI BEACH FL 33141	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	9 Island Avenue (#401)	
CITY-ST-ZIP	Miami Beach, FL 33139	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	9 Island Avenue (#401)	
CITY-ST-ZIP	Miami Beach, FL 33139	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 empowered.

SIGNATURE **SIGNATURE REQUIRED** DATE **01/17/02** DAYTIME PHONE # **(305) 867-8886**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)