

2000 UNIFORM BUSINESS REPORT (UBR)

1052

DOCUMENT # L55419

1. Entity Name

DI LIDO/ABERDEEN INVESTMENTS, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION

00 JUL 20 AM 8:24

Principal Place of Business

Mailing Address

155 LINCOLN RD
1111 LINCOLN ROAD
MIAMI BCH FL 33119
US

C/O DILIDO HOTEL
P.O. BOX 19-1380
MIAMI BEACH FL 33119-1380
US

100003344581--7

-08/02/00--01011--021

****150.00 ****150.00

2. Principal Place of Business

3. Mailing Address

2901 Collins Ave.

c/o Seville Beach Hotel

Suite, Apt. #, etc.

Suite, Apt. #, etc.

P.O. Box 19-1380

City & State
Miami Beach, FL

City & State
Miami Beach, FL

4. FEI Number 65-0336260

Zip
33140

Country
US

Zip
33140

Country
US

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LAZAR, BRUCE E., ESQ.
LAZAR & ASSOCIATES
2901 COLLINS AVE STE M
MIAMI BCH FL 33140

Name

Lazar, Bruce E.

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

2901 Collins Ave.

City

Miami Beach

FL

33140

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

Bruce E. LAZAR

Bruce E. Lazar

4/13/00

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

(If C.E. Registered Agent Signature is required, please attach)

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, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Finance Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	AS JUDITH MATHIA 169 LINCOLN RD MIAMI BCH FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD LOWENSTEIN, ALFREDO 1550 LINCOLN RD MIAMI BEACH FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD COONEY, JOHN W. 169 LINCOLN ROAD #318 MIAMI BEACH FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD LAZAR, BRUCE 2901 COLLINS AVE STE M MIAMI BEACH FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input checked="" type="checkbox"/> Add <input type="checkbox"/> Change <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	2901 Collins Ave. Miami Beach, FL 33140	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Change <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	2901 Collins Ave. Miami Beach, FL 33140	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Change <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	2901 Collins Ave. Miami Beach, FL 33140	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Change <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP/S/D Lazar, Bruce 2901 Collins Ave. Miami Beach, FL 33140	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Change <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Add <input type="checkbox"/> Change <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Add <input type="checkbox"/> Change <input type="checkbox"/> Delete

13. I hereby certify that the information submitted with this filing does not qualify for the exemption stated in Section 13.01 of the Florida Statutes, and 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 that of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 137, Florida Statutes, and that the information is not being changed, or on an attachment with an address, with all other duly empowered

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Bruce E. Lazar VP

4/13/00 305 535-8118



20Fr

July 12, 2000

Florida Department of State
Attn: Uniform Business Report
409 East Gaines Street (UBR)
Tallahassee, FL 32399

Re: Di Lido/Aberdeen Investments Inc. - Document # L55419

Dear Sir or Madam,

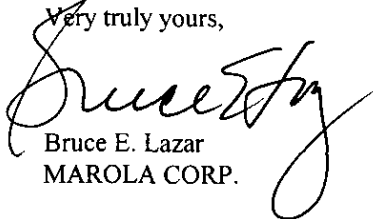
Our records show all checks payable to the Department of State (check #1752 through check #1762, dated April 13, 2000) for Annual Filing Fees are outstanding. All ten reports were mailed to you on April 13 in one envelope. The envelope has not been returned to us, and yesterday, we were told they have not been received by your department.

We have today stopped payment on the checks issued April 13, and attached you will find our replacement check, copies of the Annual Filing, our original check and checkbook register for the subject corporation which is part of our corporation, Lionstone Group, Inc.

Please consider these extraordinary circumstances, and waive late fee.

If you require anything further, please do not hesitate to let us know.

Very truly yours,



Bruce E. Lazar
MAROLA CORP.

MAILING ADDRESS:
P.O. Box 402568
Miami Beach, FL 33140
United States of America

OFFICE:
2901 Collins Avenue
Miami Beach, FL 33140
Tel: (305) 532-1215
Fax: (305) 532-0223