

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # L95000000621**

1. Entity Name  
910 LINCOLN ROAD, L.C.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
00 JUL 31 PM 1:25

Principal Place of Business: 910 LINCOLN ROAD, MIAMI BEACH FL 33139  
Mailing Address: 910 LINCOLN ROAD, MIAMI BEACH FL 33139



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: Suite, Apt. #, etc.  
3. Mailing Address: 11401 Biscayne Blvd  
Suite, Apt. #, etc.

City & State: MIAMI FL  
4. FEI Number: 65-0605321  
Applied For:  Not Applicable

Zip: 33181 Country: DADE  
5. Certificate of Status Desired:  \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  
STONE, ADELE I ESQ.  
ATKINSON, DINER, STONE, ET AL  
1946 TYLER STREET  
HOLLYWOOD FL 33022-2088

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 title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE: MGRM NAME: CAINE, MICHAEL STREET ADDRESS: 910 LINCOLN ROAD CITY-ST-ZIP: MIAMI BEACH FL 33139 <input type="checkbox"/> Delete		TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition	500003350025--2 -08/08/00--01097--012 *****50.00 *****50.00
TITLE: MGRM NAME: SCHNITZER, RAY STREET ADDRESS: 910 LINCOLN ROAD CITY-ST-ZIP: MIAMI BEACH FL 33139 <input type="checkbox"/> Delete		TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: <input type="checkbox"/> Delete		TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: <input type="checkbox"/> Delete		TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: <input type="checkbox"/> Delete		TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: <input type="checkbox"/> Delete		TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition	

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 808, Florida Statutes.

SIGNATURE: **SIGNATURE REQUIRED** *[Signature]* 7/17/00  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone

CR2E083 (5/00)