

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 22, 2002 8:00 am**  
**Secretary of State**  
 05-22-2002 90126 015 \*\*\*150.00

**DOCUMENT # M01714**

1. Entity Name  
**PARK LANE CENTER, INC.**

Principal Place of Business

~~16800 SW 96 COURT~~  
~~MIAMI FL 33157~~  
~~US~~

Mailing Address

~~12400 S DIXIE HWY~~  
~~APT 100~~  
~~MIAMI FL 33157~~  
~~US~~

2. Principal Place of Business

**2800 Post Oak Blvd.,**

Suite, Apt. #, etc.

**Suite 5310**

City & State

**Houston, Texas**

Zip

**77056**

Country

**US**

3. Mailing Address

**2800 Post Oak Blvd.,**

Suite, Apt. #, etc.

**Suite 5310**

City & State

**Houston, Texas**

Zip

**77056**

Country

**US**

4. FEI Number

**76-0108400**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**HUGHEY, BONNIE**  
**16800 SW 96 COURT**  
**MIAMI FL 33157**

7. Name and Address of New Registered Agent

Name **C T Corporation System**

Street Address (P.O. Box Number is Not Acceptable)  
**1200 South Pine Island Road**

City **Plantation**

**FL**

Zip Code **33324**

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 *Jennifer J. McBurnett*  
 Signature, typed or printed name of registered agent and title if applicable.

**Jennifer J. McBurnett**

**Assistant Secretary**

**4-29-02**  
 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 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

TITLE **PDT** ☐ Delete  
 NAME **MEGERISI, OMAR**  
 STREET ADDRESS **2800 POST OAK BLVD, #5310**  
 CITY-ST-ZIP **HOUSTON TX**

TITLE **VASD** ☐ Delete  
 NAME **BAABA, MASAUD G**  
 STREET ADDRESS **2800 POST OAK BOULEVARD #5310**  
 CITY-ST-ZIP **HOUSTON TX**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

TITLE ☐ Change ☐ 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**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-29-02**  
 Date

**713-840-7168**  
 Daytime Phone #

CR2E034 (9/01)