

2002 UNIFORM BUSINESS REPORT (UBR)

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FILED
May 28, 2002 8:00 am
Secretary of State

04-16-2002 90057 021 ***158.75

DOCUMENT # M45969

1. Entity Name
940 LINCOLN ROAD ENTERPRISES, INC.

Principal Place of Business C/O ELIAS ZWICK 940 LINCOLN ROAD, STE. 301 MIAMI BEACH FL 33139 US	Mailing Address C/O ELIAS ZWICK 940 LINCOLN ROAD, STE. 301 MIAMI BEACH FL 33139 US
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2. Principal Place of Business C/O Leon Zwick Suite, Apt. #, etc. Same as above City & State	3. Mailing Address C/O Leon Zwick Suite, Apt. #, etc. Same as above City & State
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DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2806294	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent
ZWICK, ELIAS
940 LINCOLN ROAD
SUITE 209
MIAMI BEACH FL 33139

7. Name and Address of New Registered Agent
 Name **ZWICK, LEON**
 Street Address (P.O. Box Number is Not Acceptable)
940 Lincoln Road Suite # 301
 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 *Leon Zwick* **ZWICK, LEON (president)** DATE **04/08/2002**
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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ZWICK, ELIAS 111 E 1ST CT HIBISCUS IS MIAMI BEACH FL 33139 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ZWICK, LEON 111 E 1ST CT HIBISCUS IS MIAMI BEACH FL 33139 <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 type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Zwick, Leon <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 111 E. 1st CT Hibiscus Island Miami Beach, FL 33139
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition

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: *Leon Zwick* **ZWICK, LEON (president)** DATE **04/08/2002** (305) 531-7349
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/01)