

2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)

0008458

DOCUMENT # N01000007592

1. Entity Name

CITIZENS' PUBLIC SAFETY ADVISORY COMMITTEE OF SUNNY ISLES BEACH, INC.



Principal Place of Business

17070 COLLINS AVE., SUITE 250  
SUNNY ISLES BCH FL 33160

Mailing Address

17070 COLLINS AVE., SUITE 250  
SUNNY ISLES BCH FL 33160

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-1153004

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

LESNICK, STEVEN  
11950 SW 18TH CT  
DAVIE FL 33325

7. Name and Address of New Registered Agent

Name

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

000025688220  
12/22/03--01063--004 \*\*\*61.25

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25  
After September 10, 2003, min will be \$236.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE D  
NAME LESNICK, STEVEN ☐ Delete  
STREET ADDRESS 4151 SW 102ND AVE.  
CITY-ST-ZIP DAVIE FL 33328

TITLE D  
NAME FEISTHAMEL, JOSEPH ☐ Delete  
STREET ADDRESS 17070 COLLINS AVE., SUITE 250  
CITY-ST-ZIP SUNNY ISLES BCH FL 33160

TITLE D  
NAME LONE, WILLIAM SR. ☐ Delete  
STREET ADDRESS 17070 COLLINS AVE., SUITE 250  
CITY-ST-ZIP SUNNY ISLES BCH FL 33160

TITLE D  
NAME NOE, BARRY ☐ Delete  
STREET ADDRESS 17070 COLLINS AVE., SUITE 250  
CITY-ST-ZIP SUNNY ISLES BCH FL 33160

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 1604 SE 2ND CT.  
CITY-ST-ZIP Ft. Lauderdale FL 33301

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Signature: Steven Lesnick 12/22/03 946878JTC

CR2E037 (4/03)