# 2002 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # N14941**

1. Entity Name

**PALMETTO LAKES INDUSTRIAL PARK ASSOCIATION, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 16095 N.W. 57TH AVENUE<br>HIALEAH FL 33014 | 16095 N.W. 57TH AVENUE<br>HIALEAH FL 33014 |

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip / Country | Zip / Country |

DO NOT WRITE IN THIS SPACE

**4. FEI Number** 59-2734591   — Applied For / Not Applicable

**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 |
|---|---|
| KOBRIN, DAVID A.<br>8900 S.W. 107TH AVE.<br>SUITE 206<br>HIALEAH FL 33014 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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 _____

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** | 9. Election Campaign Financing Trust Fund Contribution. ☐ | **$5.00** May Be Added to Fees | **Make Check Payable to Department of State** |
|---|---|---|---|

| 10. | OFFICERS AND DIRECTORS | | 11. | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|---|---|---|---|---|---|
| TITLE | D | ☐ Delete | TITLE | | ☐ Change ☐ Addition |
| NAME | BLENKER, DAVID | | NAME | | |
| STREET ADDRESS | 16095 N.W. RED RD. | | STREET ADDRESS | | |
| CITY-ST-ZIP | MIAMI LAKES FL | | CITY-ST-ZIP | | |
| TITLE | TD | ☐ Delete | TITLE | | ☐ Change ☐ Addition |
| NAME | GUSHWA, ROY E. | | NAME | | |
| STREET ADDRESS | 16357 N.W. 57TH AVENUE | | STREET ADDRESS | | |
| CITY-ST-ZIP | MIAMI FL | | CITY-ST-ZIP | | |
| TITLE | PD | ☐ Delete | TITLE | | ☐ Change ☐ Addition |
| NAME | LICHTEN, JOHN | | NAME | | |
| STREET ADDRESS | 16095 N. W. 57TH AVENUE | | STREET ADDRESS | | |
| CITY-ST-ZIP | MIAMI FL | | CITY-ST-ZIP | | |
| TITLE | D | ☐ Delete | TITLE | | ☐ Change ☐ Addition |
| NAME | BELL, RON | | NAME | | |
| STREET ADDRESS | 16357 N.W. 57TH AVE. | | STREET ADDRESS | | |
| CITY-ST-ZIP | MIAMI LAKES FL | | CITY-ST-ZIP | | |
| TITLE | | ☐ Delete | TITLE | | ☐ Change ☐ Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | | ☐ Delete | TITLE | | ☐ Change ☐ Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |

CR2E037 (9/01)

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:** _____   1/18/02   305-620-7110

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #