

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2000 8:00 am
Secretary of State

01-24-2000 90097 026 ****61.25

DOCUMENT # N35994

1. Entity Name

SUNNY ISLES BEACH RESORT ASSOCIATION, INC.

Principal Place of Business	Mailing Address
17100 COLLINS AVENUE #208 SUNY ISLES FL 33160-1126	17100 COLLINS AVENUE #208 SUNY ISLES FL 33160-3675

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	65-0169426	Applied For
		Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LONE, BILL 17100 COLLINS AVENUE #208 SUNNY ISLES FL 33160-1126	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 _____
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	VPD	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRUDER, ROBERT	NAME	
STREET ADDRESS	17100 COLLINS AVENUE	STREET ADDRESS	
CITY-ST-ZIP	SUNNY ISLES BEACH FL 33160-1126	CITY-ST-ZIP	
TITLE	PD	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUCAS, ROBERT	NAME	
STREET ADDRESS	17100 COLLINS AVE #208	STREET ADDRESS	
CITY-ST-ZIP	SUNNY ISLES FL 33160-1126	CITY-ST-ZIP	
TITLE	SD	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHERNOV, ARTHUR	NAME	
STREET ADDRESS	17100 COLLINS AVE #208	STREET ADDRESS	
CITY-ST-ZIP	SUNNY ISLES FL 33160-1126	CITY-ST-ZIP	
TITLE	ED	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LONE, WILLIAM F	NAME	
STREET ADDRESS	17100 COLLINS AVE	STREET ADDRESS	
CITY-ST-ZIP	SUNNY ISLES FL 33160-1126	CITY-ST-ZIP	
TITLE	T	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LESNICK, STEVE	NAME	
STREET ADDRESS	17100 COLLINS AVE #208	STREET ADDRESS	
CITY-ST-ZIP	SUNNY ISLES FL 33160-1120	CITY-ST-ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 an other like empowered.

SIGNATURE: Bill Lone 1/10/00 (305) 947-5826
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)