

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N35994

1. Entity Name

SUNNY ISLES BEACH RESORT ASSOCIATION, INC.

FILED
Apr 09, 2001 8:00 am
Secretary of State

04-09-2001 90065 008 ****61.25

Principal Place of Business

17100 COLLINS AVENUE
#208
SUNY ISLES FL 33160-1126

Mailing Address

17100 COLLINS AVENUE
#208
SUNY ISLES FL 33160-1126

CU043493



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

17070 Collins Avenue

3. Mailing Address

17070 Collins Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 266 B

Suite 266 B

City & State

City & State

Sunny Isles Beach - FL

Sunny Isles Beach - FL

Zip

Country

Zip

Country

33160

USA

33160

USA

4. FEI Number

65-0169426

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LONE, BILL
17100 COLLINS AVENUE
#208
SUNNY ISLES FL 33160-1126

7. Name and Address of New Registered Agent

Name

Bill Lone

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

17070 Collins Avenue Suite 266 B
City Sunny Isles Beach FL Zip Code 33160

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

TITLE PD
NAME LUCAS, ROBERT
STREET ADDRESS 17100 COLLINS AVE #208
CITY-ST-ZIP SUNNY ISLES FL 33160-1126 ☐ Delete

TITLE SD
NAME CHERNOV, ARTHUR
STREET ADDRESS 17100 COLLINS AVE #208
CITY-ST-ZIP SUNNY ISLES FL 33160-1126 ☐ Delete

TITLE ED
NAME LONE, WILLIAM F
STREET ADDRESS 17100 COLLINS AVE
CITY-ST-ZIP SUNNY ISLES FL 33160-1126 ☐ Delete

TITLE T
NAME LESNICK, STEVE
STREET ADDRESS 17100 COLLINS AVE #208
CITY-ST-ZIP SUNNY ISLES FL 33160-1120 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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

Date

Daytime Phone #

CR2E037 (10/00)