

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2002 8:00 am
Secretary of State

02-11-2002 90170 008 ****61.25

DOCUMENT # N35994

1. Entity Name

SUNNY ISLES BEACH RESORT ASSOCIATION, INC.

Principal Place of Business

**17070 COLLINS AVENUE
 SUITE 266B
 SUNNY ISLES FL 33160-1126**

Mailing Address

**17070 COLLINS AVENUE
 SUITE 266B
 SUNNY ISLES FL 33160-1126**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

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
 17070 COLLINS AVENUE
 SUITE 266B
 SUNNY ISLES BEACH FL 33160**

7. Name and Address of New Registered Agent

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

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

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

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

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

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 **17070 Collins Ave #266B**
 CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
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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: **WILLIAM F LONE**

1/21/02 305.947.5826

CR2E037 (9/01)