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

DOCUMENT # N35994

1. Entity Name

SUNNY ISLES BEACH RESORT ASSOCIATION, INC.



FILED Mar 24, 2003 8:00 am Secretary of State 03-24-2003 90659 037 ****61.25

						OO WE THE				
Principal Place of Business 17070 COLLINS AVENUE SUITE 2668 SUNY ISLES FL 33160-1126			17070 SUITE	Mailing Address 17070 COLLINS AVENUE SUITE 266B SUNY ISLES FL 33160-1126			s where I was an about		·	_=
2. Principal Place of Business 3. M				. Mailing Address						
Suite, Apt. #, etc.				Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES			
City & State				City & State			4. FEI Number 65	4. FEI Number 65-0169426 Applied Fo		pplied For
Zip Country			Zip		Country		5. Certificate of Sta	tus Desired	\$8.75 Ad Fee Require	ditional
6. Name and Address of Current Registered Agent							7. Name and Address of New Registered Agent			
		يدرين ويستري		our-		Name			 	
LONE, BILL 17070 COLLINS AVENUE						Street Address (P.O. Box Number is Not Acceptable)				
SUITE 26		HOL								
SUNNY ISLES BEACH FL 33160						City		F	Zip Cod	e
A The above	e named entity	submits this statement for	r the pur	noso of changing its	rogintor	nd office or registe	arad agent or both in t		T1	and assent
the obliga	ations of regist	ered agent.	i ine pui	pose of changing its	registere	ou office of registe	ered agent, or both, in t	le state of Florida. Tall	n iariillai with,	and accept
SIGNATURE		or printing name of registered agent	and title if an	policable. (NOTE	- Registered	d Agent signature require	ad when reinstating)	DATE		
				1						
	: FEE IS \$61.25					\$5.00 May Be Added to Fees Make Check Payable to Florida Department of State				
10.		OFFICERS AND DIF	RECTORS	<u> </u>	11.		ADDITIONS/CHANGE	S TO OFFICERS AND D	IRECTORS IN	i 10
TITLE	PD	19.5		☐ Delete	TITLE		1111		Change	Addition
NAME STRÉET ADDRÉSS	LUCAS, RO)Berit Llins ave ste 266 b			NAME					
CITY-ST-ZIP		ES FL 33160-1126				ET ADDRESS · ST~ZIP				
TITLE	SD			☐ Delete	TITLE				☐ Change	☐ Addition
NAME	CHERNOV,				NAME					
STREET ADDRESS		LINS AVE STE 266 B				ET ADDRESS				
CITY-ST-ZIP	ED ED	ES FL 33160-1126			-	-\$T-ZIP				
TITLE NAME	LONE, WIL	HAM F	- *. *	Delete	NAME			india de la reconstitución	. Change	. Addition
STREET ADDRESS		LLINS AVE STE 266B				ET ADDRESS				
CITY-ST-ZIP		ES FL 33160-1126			CITY-	ST-ZIP				
TITLE	T			☐ Delete	TITLE				☐ Change	☐ Addition
NAME	LESNICK, S				NAME					
STREET ADDRESS		LINS STE 266 B				ET ADDRESS				
CITY-ST-ZIP	SUNNT ISL	ES FL 33160-1120			-	ST-ZIP				
TITLE		•		☐ Delete	TITLE				☐ Change	☐ Addition
NAME Street Address					NAME STREE	T ADDRESS				
CITY-ST-ZIP					1	ST-ZIP				
TITLE				□ Delete	TITLE				☐ Change	Addition
NAME				La Delete	NAME	l			Unange	
STREET ADDRESS					STREE	T ADDRESS				
CITY-ST-ZIP					CITY-	ST-ZIP				ĺ
12. Thereby	certify that the	information supplied with	this filing	does not qualify for	the even	notion stated in Se	ection 119 07(3)(i). Flor	da Statutes I further ce	ertify that the in	oformation

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 embowered 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 accurate and other like empowered.

SIGNATURE: <u>\(\alpha\)</u>