2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 01, 2001 08:00 AM
Secretary of State

DOCUMENT # **N98000001633**

1. Entity Name
LENOX COURTYARD CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1635 SW 15TH STREET	1635 SW 15TH STREET
MIAMI FL	MIAMI FL
33145	33145

2. Principal Place of Business	3. Mailing Address
440 ALEXANDRA CIRCLE	440 ALEXANDRA CIRCLE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: WESTON FL	City & State: WESTON FL
Zip: 33326 Country:	Zip: 33326 Country:

DO NOT WRITE IN THIS SPACE

4. FEI Number: **65-0893531** ☐ 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
HUGO E. DORTA, P.A. 501 BRICKELL KEY DRIVE 3RD FLOOR MIAMI FL 33131 US	Name: LIEB BRUCE MR. Street Address (P.O. Box Number is Not Acceptable): 440 ALEXANDRA CIRCLE City: WESTON FL Zip Code: 33326

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 **BRUCE LIEB** **08/01/2001**
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D FRANCO ROLANDO JR 1635 SW 15TH STREET MIAMI FL 33145	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VSD FRANCO IGNACIA N 1635 SW 15TH STREET MIAMI FL 33145	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VSD WYNER JASON 822 LENOX AVE #8 MIAMI FL 33139	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PTD FRANCO ROLANDO 1635 SW 15TH STREET MIAMI FL 33145	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PTD LIEB BRUCE 440 ALEXANDRA CIRCLE WESTON FL 33326	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E037 (11/00)

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: Bruce Lieb PTD 08/01/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #