

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000005301

1. Entity Name

LINCOLN PARK WEST MERCHANT ASSOCIATION, INC.

Principal Place of Business

7764 NORTH WEST 44TH ST.
SUNRISE FL 33351

Mailing Address

7764 NORTH WEST 44TH ST.
SUNRISE FL 33351

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0977522

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SHAPIRO, MICHAEL B
7777 GLADES ROAD, STE. 200
BOCA RATON FL 33434

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 NAME STREET ADDRESS CITY-ST-ZIP	D JANOURA, MICHAEL J 7764 NORTH WEST 44TH ST. SUNRISE FL 33351	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GELSINO, VALERIE 7794 NORTH WEST 44TH ST. SUNRISE FL 33351	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAVIS, LANCE 7776 NORTH WEST 44TH ST. SUNRISE FL 33351	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HIMMEL, LESLIE 7792 NORTH WEST 44TH ST. SUNRISE FL 33351	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAROPELO, PATTY 7790 NORTH WEST 44TH ST. SUNRISE FL 33351	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KATZ, LENNY 7766 NORTH WEST 44TH ST. SUNRISE FL 33351	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 REQUIRED~~ MICHAEL J JANOURA DIRECTOR

Date

Daytime Phone #

4/11/01 954-741-7620

CR2E037 (10/00)



DO NOT WRITE IN THIS SPACE

FILED
Apr 18, 2001 8:00 am
Secretary of State

04-18-2001 90021 008 ****70.00