

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P00000048141****1. Entity Name**
LINCOLN MICHIGAN CORPORATION**FILED**
Mar 13, 2001 8:00 am
Secretary of State

03-13-2001 90307 015 ***150.00

Principal Place of Business
2363 N. MERIDIAN AVENUE
MIAMI BEACH FL 33140**Mailing Address**
2363 N. MERIDIAN AVENUE
MIAMI BEACH FL 33140**00024736**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-1013432

Applied For

Not Applicable

Zip

Country

Zip

Country

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****FILINGS, INC.**
3732 N.W. 16TH STREET
FT. LAUDERDALE FL 33311-4132**Name**
MARTIN W. WASSERMAN, ESQ.**Street Address (P.O. Box Number is Not Acceptable)**
2363 NORTH MERIDIAN AVE**City**
MIAMI BEACH**FL****Zip Code**
33140**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***Martin W. Wasserman***MARTIN W. WASSERMAN****3/6/01**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒**FILE NOW!!! FEE IS \$150.00****After MAY-1, 2001 Fee will be \$550.00****Make Check Payable to Department of State****10. Election Campaign Financing****\$5.00 May Be**Trust Fund Contribution... ☐

Added to Fees

11. OFFICERS AND DIRECTORS**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11****TITLE**
D
NAME
RAHMAN, JAVED
STREET ADDRESS
2363 N. MERIDIAN AVENUE
CITY - ST - ZIP
MIAMI BEACH FL 33140
☐ Delete**TITLE**
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition**TITLE**
D
NAME
ZIMBALIST, DEBORAH
STREET ADDRESS
2363 N. MERIDIAN AVENUE
CITY - ST - ZIP
MIAMI BEACH FL 33140
☐ Delete**TITLE**
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CITY - ST - ZIP
☐ Change ☐ Addition**TITLE**
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☐ Change ☐ Addition**13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address with all other like empowered.****SIGNATURE:***Javed Rahman (President)*
JAVED RAHMAN

Date

Daytime Phone #

3/19/2001 (352) 538-4222

0172789

CR2E034 (10/00)