

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 01, 2003 8:00 am**  
**Secretary of State**

05-01-2003 90128 039 \*\*\*150.00

**DOCUMENT # P01000057174**

1. Entity Name  
**LNR OAK GLEN LIMITED, INC.**



Principal Place of Business  
**760 N.W. 107TH AVENUE  
SUITE 300  
MIAMI FL 33176**

Mailing Address  
**760 N.W. 107TH AVENUE  
SUITE 300  
MIAMI FL 33176**

**11030962**



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

**1601 Washington Ave., Suite 800  
Miami Beach, FL 33139**

3. Mailing Address

**1601 Washington Ave., Suite 800  
Miami Beach, FL 33139**

4. FEI Number **65-1111011**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**RUBIN, SHELLY  
760 N.W. 107TH AVENUE  
SUITE 300  
MIAMI FL 33176**

7. Name and Address of New Registered Agent

Name

**1601 Washington Ave., Suite 800  
Miami Beach, FL 33139**

**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. I am familiar with, and accept the obligations of registered agent.

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 \$150.00  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **D** ☒ Delete  
NAME **MILLER, LEONARD**  
STREET ADDRESS **700 N.W. 107TH AVENUE**  
CITY-ST-ZIP **MIAMI FL 33176**

TITLE **D** ☐ Delete  
NAME **SAIONTZ, STEVEN J**  
STREET ADDRESS **760 N.W. 107TH AVENUE, SUITE 300**  
CITY-ST-ZIP **MIAMI FL 33172**

TITLE **D** ☐ Delete  
NAME **MILLER, STUART A**  
STREET ADDRESS **700 N.W. 107TH AVENUE**  
CITY-ST-ZIP **MIAMI FL 33172**

TITLE **P** ☐ Delete  
NAME **KRASNOFF, JEFFREY P**  
STREET ADDRESS **760 NW 107 AVE, STE 300**  
CITY-ST-ZIP **MIAMI FL 33172**

TITLE **VP** ☐ Delete  
NAME **RUBIN, SHELLY**  
STREET ADDRESS **760 NW 107 AVE, STE 300**  
CITY-ST-ZIP **MIAMI FL 33172**

TITLE **AC** ☐ Delete  
NAME **LIEBERMAN, ARTHUR**  
STREET ADDRESS **760 NW 107 AVE, STE 300**  
CITY-ST-ZIP **MIAMI FL 33172**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **848 Brickell Avenue, #100**  
CITY-ST-ZIP **Miami, FL 33131**

TITLE **C** ☐ Change ☒ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **1601 Washington Ave., Suite 800**  
CITY-ST-ZIP **Miami Beach, FL 33139**

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **1601 Washington Ave., Suite 800**  
CITY-ST-ZIP **Miami Beach, FL 33139**

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **1601 Washington Ave., Suite 800**  
CITY-ST-ZIP **Miami Beach, FL 33139**

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 607, 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:**

**RE REQ** Arthur J. Lieberman  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/28/03**  
Date

**305/695-5500**  
Daytime Phone #

CR2E034 (10/02)