

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 28, 2002 8:00 am
Secretary of State

04-28-2002 90783 039 ***150.00

DOCUMENT # *P32370*

1. Entity Name
LNR Orlando Limited, Inc.
760 NW 107 Ave., Suite 300
Miami, FL 33172

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

93-1045053

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

**DO NOT WRITE
IN THIS SPACE**

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

**9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)** ☐

**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State**

**10. Election Campaign Financing
Trust Fund Contribution.** ☐

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

11. OFFICERS AND DIRECTORS

TITLE	D
NAME	Miller, Leonard
STREET ADDRESS	700 NW 107 Ave., Ste 400
CITY-ST-ZIP	Miami, FL 33172
TITLE	D
NAME	Miller, Stuart A.
STREET ADDRESS	700 NW 107 Ave., Ste 400
CITY-ST-ZIP	Miami, FL 33172
TITLE	DCEO
NAME	Steven Saiontz
STREET ADDRESS	760 NW 107 Ave., Ste 314
CITY-ST-ZIP	Miami, FL 33172
TITLE	P
NAME	Krasnoff, Jeffery P.
STREET ADDRESS	760 NW 107 Ave., Ste 300
CITY-ST-ZIP	Miami, FL 33172
TITLE	VP
NAME	Rubin, Shelly
STREET ADDRESS	760 NW 107 Ave., Ste 300
CITY-ST-ZIP	Miami, FL 33172
TITLE	AC
NAME	Lieberman, Arthur
STREET ADDRESS	760 NW 107 Ave., Ste 300
CITY-ST-ZIP	Miami, FL 33172

TITLE	
NAME	
STREET ADDRESS	
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STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

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

Arthur J. Lieberman

4/16/02
Date

(305) 485-2000
Daytime Phone *

CR2E034B (12/01)