

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2003 8:00 am
Secretary of State

02-24-2003 90234 033 ***150.00

DOCUMENT # **P92000013723**

1. Entity Name
BISCAYNE CONSULTANTS, INC.



Principal Place of Business
**160 BARTON AVE
PALM BEACH FL 33480
US**

Mailing Address
**IMG CENTER 1360 E 9TH ST
STE 100
CLEVELAND OH 44114-1782
US**



2. Principal Place of Business
425 Worth Avenue

3. Mailing Address
SAME AS LISTED ABOVE

Suite, Apt. #, etc.
APT 4F

Suite, Apt. #, etc.

City & State
Palm Beach FL

City & State

Zip
33480

Country
Palm Beach

Zip

Country

4. FEI Number **34-1727171**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 S PINE ISLAND RD
PLANTATION FL 33324**

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

SIGNATURE **Robert J. Lemmo Secretary**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/7/03

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**PT
LEWINTON, CHRISTOPHER
1360 E 9TH ST STE 100
CLEVELAND OH 44114** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
LEMMO, ROBERTA J
ING CENTER 1360 E 9TH ST STE 100
CLEVELAND OH 44114** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE
NAME
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CITY-ST-ZIP
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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: **Robert J. Lemmo Secretary**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/7/03
Date

**(216)
426-3532**
Daytime Phone #

CR2E034 (10/02)