

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000057478

1. Entity Name

THE ESTATES OF SWAN LAKE CORP.

Principal Place of Business

6917 COLLINS AVENUE
STE. 1611
MIAMI BEACH FL 33141

Mailing Address

P O BOX 415638
STE. 1611
MIAMI BEACH FL 33141-638
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0582744

Applied For

Not Applicable

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

NESTOR, BRENDA
6917 COLLINS AVENUE
SUITE 1611
MIAMI BEACH FL 33141

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

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
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VPD ☐ Delete
NAME COLVIN, MELVIN R
STREET ADDRESS 6917 COLLINS AVE
CITY-ST-ZIP MIAMI BEACH FL 33141

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

TITLE PCSD ☐ Delete
NAME NESTOR, BRENDA
STREET ADDRESS 6917 COLLINS AVE
CITY-ST-ZIP MIAMI BEACH FL 33141

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

TITLE VPD ☐ Delete
NAME FIELD, LISA M
STREET ADDRESS 6917 COLLINS AVE
CITY-ST-ZIP MIAMI BEACH FL 33141

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

TITLE VPAT ☒ Delete
NAME WEYCHERT, DAVID
STREET ADDRESS 6917 COLLINS AVE
CITY-ST-ZIP MIAMI BEACH FL 33141

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

TITLE TAS ☐ Delete
NAME LAUNER, BLANCHE S
STREET ADDRESS 6917 COLLINS AVE
CITY-ST-ZIP MIAMI BEACH FL 33141

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

TITLE CD ☐ Delete
NAME POSNER, VICTOR
STREET ADDRESS 6917 COLLINS AVE.
CITY-ST-ZIP MIAMI FL 33141

TITLE Pres/CEO/Director/Chairman ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Blanche Launer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/26/01

(305) 866-7272

Date

Daytime Phone #

Blanche Launer

CR2E034 (10/00)