

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 23, 2002 8:00 am**  
**Secretary of State**

04-23-2002 90386 023 \*\*\*150.00

**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

**1250 E. Hallandale Beach Blvd.**

Suite, Apt. #, etc.  
**Suite 300**

City & State  
**Hallandale Florida**

Zip  
**33009**

Country  
**US**

3. Mailing Address

**1250 E. Hallandale Beach Blvd.**

Suite, Apt. #, etc.  
**Suite 300**

City & State  
**Hallandale Florida**

Zip  
**33009**

Country  
**US**

DO NOT WRITE IN THIS SPACE

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

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

7. Name and Address of New Registered Agent

Name  
**Brenda Nestor**

Street Address (P.O. Box Number is Not Acceptable)  
**1250 E. Hallandale Beach Blvd.**

Suite 300

City  
**Hallandale**

**FL**

Zip Code  
**33009**

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

*Brenda Nestor*  
**Brenda Nestor / President**

(NOTE: Registered Agent signature required when reinstating)

DATE  
**4/5/02**

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, 2002 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

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

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

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

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PCDC  
POSNER, VICTOR  
6917 COLLINS AVE.  
MIAMI FL 33141** ☒ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**Vice Chairman,/EVP/AT/AS/Dir. ☒ Change ☐ Addition  
1250 E. Hallandale Beach Blvd. Suite 300  
Hallandale, Florida 33009**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**Chairman/CEO/Pres/AT/AS/Dir. ☒ Change ☐ Addition  
1250 E. Hallandale Beach Blvd. Suite 300  
Hallandale, FL 33009** ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**Chief Financial Officer/AT ☐ Change ☒ Addition  
McGann, Edward T.  
1250 E. Hallandale Beach Blvd. Suite 300  
Hallandale, Florida 33009**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**Secretary/Treasurer ☒ Change ☐ Addition  
1250 E. Hallandale Beach Blvd. Suite 300  
Hallandale, Florida 33009**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**1250 E. Hallandale Beach Blvd. Suite 300  
Hallandale, Florida 33009** ☐ 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:

*Brenda Nestor*  
**Brenda Nestor / President**

Date  
**4/5/02**

Daytime Phone #

**954-458-4343**

CR2E034 (9/01)