

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000015395

1. Entity Name

LAKESIDE TELECOM LAND, INC.Principal Place of Business
3225 Aviation Avenue,
Suite 700
Coconut Grove, FL 33133Mailing Address
3225 Aviation Avenue,
Suite 700
Coconut Grove, FL 33133**FILED**

01 MAY -1 PM 1:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
65-0661163

Applied For

Not Applicable

Zip

Country

Zip

Country

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent**7. Name and address of New Registered Agent**

Stewart Marcus

3225 Aviation Avenue, Suite 700

Coconut Grove, FL 33133

Name

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

City

FL

Zip

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 State10. Election Campaign Financing **\$5.00** May Be
Trust Fund Contribution. ☐ Added to Fees**11. OFFICERS AND DIRECTORS****12. ADDITIONS/ CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE
NAME
STREET
ADDRESS
CITY-ST-ZIP**PDS**Stewart Marcus
3225 Aviation Avenue, Suite 700
Coconut Grove, FL 33133☐ DeleteTITLE
NAME
STREET
ADDRESS
CITY-ST-ZIP☐ Change ☐ AdditionTITLE
NAME
STREET
ADDRESS
CITY-ST-ZIP**VT**Peter F. Fagan
3225 Aviation Avenue, Suite 700
Coconut Grove, FL☐ DeleteTITLE
NAME
STREET
ADDRESS
CITY-ST-ZIP☐ Change ☐ AdditionTITLE
NAME
STREET
ADDRESS
CITY-ST-ZIP☐ DeleteTITLE
NAME
STREET
ADDRESS
CITY-ST-ZIP☐ Change ☐ AdditionTITLE
NAME
STREET
ADDRESS
CITY-ST-ZIP☐ DeleteTITLE
NAME
STREET
ADDRESS
CITY-ST-ZIP☐ Change ☐ AdditionTITLE
NAME
STREET
ADDRESS
CITY-ST-ZIP☐ DeleteTITLE
NAME
STREET
ADDRESS
CITY-ST-ZIP☐ 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT

Date

4/30/01

(305) 860-8188

Daytime Phone #