

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000016442

1. Entity Name

LAKESHORE TENNIS CENTER, INC.

FILED
Apr 10, 2000 8:00 am
Secretary of State

04-10-2000 90101 043 ***150.00

Principal Place of Business

Mailing Address

1282 N.E. 181ST ST.
N MIAMI BEACH FL 33162

1282 N.E. 181ST ST.
N MIAMI BEACH FL 33162-1326



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

18901 N.E. 14 AVE
Suite, Apt. #, etc.

18901 N.E. 14 AVE
Suite, Apt. #, etc.

201

201

City & State
N. MIAMI BEACH

City & State
N. MIAMI BEACH

Zip
33179

Country
U.S.A.

Zip
33179

Country
U.S.A.

4. FEI Number

65-0660023

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

SERRANO, JUAN E
1282 N.E. 181ST ST.
N MIAMI BEACH FL 33162

Name

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

18901 N.E. 14 AVE # 201

City
North MIAMI BEACH

FL

Zip Code
33179

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, 2000 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
NAME
STREET ADDRESS
CITY-ST-ZIP
D
SERRANO, JUAN E
1282 N.E. 181ST ST.
N MIAMI BEACH FL 33162 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
18901 N.E. 14 AVE # 201
N. MIAMI BEACH FL 33179 ☐ Change ☒ Addition

TITLE
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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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)