

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 06, 2002 8:00 am**  
**Secretary of State**

02-06-2002 90076 015 \*\*\*150.00

**DOCUMENT # P96000026035**

1. Entity Name  
**10TH STREET FLATS, INC.**

Principal Place of Business  
**975 41 STREET**  
**SUITE 209**  
**MIAMI BEACH FL 33140**

Mailing Address  
**975 41 STREET**  
**SUITE 209**  
**MIAMI BEACH FL 33140**

2. Principal Place of Business  
**167 N.W. 25 ST.**

3. Mailing Address  
**167 N.W. 25 ST.**

Suite, Apt. #, etc.  
**1**

Suite, Apt. #, etc.

City & State  
**Miami, FL**

City & State  
**Miami, FL**

4. FEI Number  
**65-0726837**

Applied For  
☐ Not Applicable

Zip  
**33127**

Country  
**USA**

Zip  
**33127**

Country  
**USA**

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

**LOMBARDI, DAVID**  
**1601 N 28TH STREET**  
**MIAMI BEACH FL 33140**

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  **VICE PRESIDENT**

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

(NOTE: Registered Agent signature required when reinstating)

**1/16/02**  
 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, 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

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
**PS** ☐ Delete  
 NAME  
**LAMBERT, JOSE**  
 STREET ADDRESS  
**624 WEST 47 STREET**  
 CITY-ST-ZIP  
**MIAMI BEACH FL 33140**

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

TITLE  
**VPT** ☐ Delete  
 NAME  
**LOMBARDI, DAVID**  
 STREET ADDRESS  
**9441 BAY DRIVE**  
 CITY-ST-ZIP  
**SURFSIDE FL 33141**

TITLE  
**V.P.** ☒ Change ☐ Addition  
 NAME  
**DAVID LOMBARDI**  
 STREET ADDRESS  
**1601 W. 28 ST.**  
 CITY-ST-ZIP  
**MIAMI BEACH, FL 33140**

TITLE  
 NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE  
 NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME ☐ Change ☐ Addition  
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 NAME ☐ Delete  
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 CITY-ST-ZIP

TITLE  
 NAME ☐ Change ☐ Addition  
 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:  **DAVID LOMBARDI, VICE PRESIDENT** **1/16/02** **(305) 695-1600**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)