

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000087602

1. Entity Name

LIGHTHOUSE PROPERTY MANAGEMENT, INC.

Principal Place of Business

Mailing Address

3170 N. FEDERAL HIGHWAY  
STE 110  
LIGHTHOUSE POINT FL 33064

3170 N. FEDERAL HIGHWAY  
SUITE 100  
LIGHTHOUSE POINT FL 33064-6721

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

100

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SMITH, ROBERT H  
3170 N. FEDERAL HIGHWAY  
SUITE 100  
LIGHTHOUSE POINT FL 33064

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, 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

|                |                             |  |
|----------------|-----------------------------|--|
| TITLE          | PD                          | <input type="checkbox"/> Delete            |
| NAME           | SMITH, ROBERT H             |  |
| STREET ADDRESS | 3170 N FEDERAL HWY #100     |  |
| CITY-ST-ZIP    | LIGHTHOUSE POINT FL         |  |
| TITLE          | VP                          | <input checked="" type="checkbox"/> Delete |
| NAME           | NASSEF, RON                 |  |
| STREET ADDRESS | 650 NW 76 TERR B-37 APT 205 |  |
| CITY-ST-ZIP    | MARGATE FL                  |  |
| TITLE          |                             | <input type="checkbox"/> Delete            |
| NAME           |                             |  |
| STREET ADDRESS |                             |  |
| CITY-ST-ZIP    |                             |  |
| TITLE          |                             | <input type="checkbox"/> Delete            |
| NAME           |                             |  |
| STREET ADDRESS |                             |  |
| CITY-ST-ZIP    |                             |  |
| TITLE          |                             | <input type="checkbox"/> Delete            |
| NAME           |                             |  |
| STREET ADDRESS |                             |  |
| CITY-ST-ZIP    |                             |  |

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |  |   |
|----------------|--|---|
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |

ST  
SMITH, ROBERT H  
3170 N FEDERAL HWY #100  
LIGHTHOUSE POINT FL 33064

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

Date

Daytime Phone #

1-10-00 (954) 761-4158

**FILED**  
**Jan 18, 2000 8:00 am**  
**Secretary of State**

01-18-2000 90200 021 \*\*\*150.00

900280



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0700331** ☐ Applied For  
Not Applicable

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

CR2E034 (9/99)