

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000097976

1. Entity Name

MIZNER LAKE ESTATES, INC.

FILED
Mar 02, 2000 8:00 am
Secretary of State

03-02-2000 90117 015 ***150.00

Principal Place of Business

2499 GLADES ROAD, SUITE 114
BOCA RATON FL 33431

Mailing Address

2499 GLADES ROAD, SUITE 114
BOCA RATON FL 33431-7201

2. Principal Place of Business

551 N.W. 77th Street

Suite, Apt. #, etc.

Suite 108

City & State

Boca Raton, FL

Zip

33487

Country

USA

3. Mailing Address

551 N.W. 77th Street

Suite, Apt. #, etc.

Suite 108

City & State

Boca Raton, FL

Zip

33487

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0716615

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

POPKIN & SHURPIN, P.A.
2499 GLADES ROAD, SUITE 114
BOCA RATON FL 33431

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 VP
NAME POPKIN, EDWARD D ESQ.
STREET ADDRESS 2499 GLADES ROAD, SUITE 114
CITY-ST-ZIP BOCA RATON FL

☐ Delete

TITLE PT
NAME ALBANESE, LEONARD A
STREET ADDRESS 551 NW 77 ST, STE 101
CITY-ST-ZIP BOCA RATON FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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☐ 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

Leonard A. Albanese

Date

2/22/00

Daytime Phone #

(901) 994-1375

CR2E034 (9/99)