

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 13, 2000 8:00 am
Secretary of State

04-13-2000 90008 021 ***150.00

DOCUMENT # P97000089744

1. Entity Name

420 LINCOLN ROAD OFFICES, INC.

Principal Place of Business

420 LINCOLN ROAD, STE. 432
 MIAMI BEACH FL 33139

Mailing Address

420 LINCOLN ROAD, STE. 432
 MIAMI BEACH FL 33139-3014

2. Principal Place of Business

420 Lincoln Road

3. Mailing Address

P. O. Box 191768

Suite, Apt. #, etc.

Suite 335

Suite, Apt. #, etc.

City & State

Miami Beach, FL

City & State

Miami, FL

4. FEI Number

65-0788415

Applied For

Not Applicable

Zip

33139

Country

USA

Zip

33119-1768

Country

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

PLC INVESTMENTS INC
 420 LINCOLN RD, STE 432
 MIAMI BEACH FL 33139

7. Name and Address of New Registered Agent

Name: PLC Investments, Inc.
 Street Address (P.O. Box Number is Not Acceptable): 420 Lincoln Road
 Suite 335
 City: Miami Beach, FL Zip Code: 33139

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 _____ (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	CEJAS, PABLO L	
STREET ADDRESS	420 LINCOLN ROAD, STE. 432	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	NEITZEL, JULIE L	
STREET ADDRESS	420 LINCOLN RD. STE 432	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE	DST	<input type="checkbox"/> Delete
NAME	MONTERO, HILDA C	
STREET ADDRESS	420 LINCOLN RD. STE 432	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	420 Lincoln Road, Suite 335	
CITY-ST-ZIP	Miami Beach, FL 33139	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	420 Lincoln Road, Suite 335	
CITY-ST-ZIP	Miami Beach, FL 33139	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	420 Lincoln Road, Suite 335	
CITY-ST-ZIP	Miami Beach, FL 33139	
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		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: _____

HILDA C. MONTERO, SECRETARY

4/13/00

305-531-5220

CR2E034 (9/99)