

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000074291

1. Entity Name

LNR 16TH STREET, INC.

**FILED**  
**Apr 26, 2001 8:00 am**  
**Secretary of State**

04-26-2001 90148 004 \*\*\*150.00

Principal Place of Business

760 N.W. 107TH AVENUE  
SUITE 300  
MIAMI FL 33172

Mailing Address

760 N.W. 107TH AVENUE  
SUITE 300  
MIAMI FL 33172

A0058547



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0858505**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**RUBIN, SHELLY**  
**760 N.W. 107TH AVENUE**  
**SUITE 300**  
**MIAMI FL 33172**

Name

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

City

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's 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, 2001 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

FILE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	FILE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP
<b>D</b> <b>MILLER, LEONARD</b> <b>700 N.W. 107TH AVENUE</b> <b>MIAMI FL 33172</b>	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>D</b> <b>SAIONTZ, STEVEN J</b> <b>760 NW 107TH AVE., SUITE 314</b> <b>MIAMI FL 33172</b>	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>D</b> <b>MILLER, STUART A</b> <b>700 N.W. 107TH AVENUE</b> <b>MIAMI FL 33172</b>	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>T</b> <b>JORDAN, MARGARET</b> <b>760 NW 107TH AVE., SUITE 300</b> <b>MIAMI FL 33172</b>	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>AS</b> <b>ARNETT, PETA-GAY</b> <b>760 NW 107TH AVE., SUITE 300</b> <b>MIAMI FL 33172</b>	<input checked="" type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	<b>S</b> <b>DICKSTEIN, ZENA</b> <b>760 NW 107TH AVE, STE 300</b> <b>MIAMI, FL 33172</b>
<b>AC</b> <b>LIEBERMAN, ARTHUR J</b> <b>760 NW 107 AVE STE 300</b> <b>MIAMI FL 33172</b>	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> 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

**Arthur J. Lieberman**

4/19/01  
Date

305/485-2000  
Display Phone

CR2E034 (10/00)