

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90128 016 ***150.00

DOCUMENT # P98000074291

1. Entity Name
LNR 16TH STREET, INC.



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

2. Principal Place of Business

3. Mailing Address

Suite Apt # etc
1601 Washington Ave., Suite 800
Miami Beach, FL 33139

1601 Washington Ave., Suite 800
Miami Beach, FL 33139

11000003



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0858505**

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

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

Name
ble)
1601 Washington Ave., Suite 800
Miami Beach, FL 33139

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ **Delete**
NAME **MILLER, LEONARD**
STREET ADDRESS **700 N.W. 107TH AVENUE**
CITY-ST-ZIP **MIAMI FL 33172**

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

TITLE **D** ☐ **Delete**
NAME **SAIONTZ, STEVEN J**
STREET ADDRESS **760 NW 107TH AVE., SUITE 314**
CITY-ST-ZIP **MIAMI FL 33172**

TITLE ☒ **Change** ☐ **Addition**
NAME
STREET ADDRESS **848 Brickell Avenue, #100**
CITY-ST-ZIP **Miami, FL 33131**

TITLE **D** ☐ **Delete**
NAME **MILLER, STUART A**
STREET ADDRESS **700 N.W. 107TH AVENUE**
CITY-ST-ZIP **MIAMI FL 33172**

TITLE **C** ☐ **Change** ☒ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **T** ☐ **Delete**
NAME **JORDAN, MARGARET**
STREET ADDRESS **760 NW 107TH AVE., SUITE 300**
CITY-ST-ZIP **MIAMI FL 33172**

TITLE ☒ **Change** ☐ **Addition**
NAME
STREET ADDRESS **1601 Washington Ave., Suite 800**
CITY-ST-ZIP **Miami Beach, FL 33139**

TITLE **S** ☐ **Delete**
NAME **DICKSTEIN, ZENA**
STREET ADDRESS **760 NW 107TH AVE., SUITE 300**
CITY-ST-ZIP **MIAMI FL 33172**

TITLE ☒ **Change** ☐ **Addition**
NAME
STREET ADDRESS **1601 Washington Ave., Suite 800**
CITY-ST-ZIP **Miami Beach, FL 33139**

TITLE **AC** ☐ **Delete**
NAME **LIEBERMAN, ARTHUR J**
STREET ADDRESS **760 NW 107 AVE STE 300**
CITY-ST-ZIP **MIAMI FL 33172**

TITLE ☒ **Change** ☐ **Addition**
NAME
STREET ADDRESS **1601 Washington Ave., Suite 800**
CITY-ST-ZIP **Miami Beach, FL 33139**

12. 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 10 or Block 11 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**

4/28/03 **305/695-5500**
Date **Daytime Phone #**

CR2E034 (10/02)