

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 04, 2000 8:00 am
Secretary of State

05-04-2000 90141 046 ***150.00

DOCUMENT # P98000101634

1. Entity Name

LIGHTHOUSE CONDO MANAGEMENT, INC.

Principal Place of Business

Mailing Address

3170 N FEDERAL HIGHWAY
 SUITE 116
 LIGHTHOUSE POINT FL 33064

3170 N FEDERAL HIGHWAY
 SUITE 116
 LIGHTHOUSE POINT FL 33064-6721

2. Principal Place of Business

650 N.W. 76 TR. #205

3. Mailing Address

650 NW 76 TR

Suite, Apt. #, etc.

#205

Suite, Apt. #, etc.

#205

City & State

MARGATE FL

City & State

MARGATE FL

Zip

33063

Country

BROWARD

Zip

33063

Country

BROWARD

4. FEI Number

65-0877847

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

~~SMITH, ROBERT H.~~

3170 N FEDERAL HIGHWAY
 SUITE 100
 LIGHTHOUSE POINT FL 33064

Name

BARBARA NASSEF

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

650 N.W. 76 TR. A-205

City

MARGATE

FL

Zip Code

33063

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

Barbara Nassey **BARBARA NASSEF STD**

4/25/00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	NAJEE, RONALD SR	
STREET ADDRESS	650 N.W. 76 TER. B 37 A-205	
CITY-ST-ZIP	MARGATE FL 33063	
TITLE	STD	<input type="checkbox"/> Delete
NAME	NASSEF, BARBARA E	
STREET ADDRESS	650 N.W. 76 TER. B 37 A-205	
CITY-ST-ZIP	MARGATE FL 33063	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NASSEF RONALD SR.	
STREET ADDRESS	SAME	
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		

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:

Ronald Nassey **RONALD NASSEF SR**

4/24/00

954-969-0686

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #