

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 27, 2001 08:00 AM**
Secretary of State**DOCUMENT # P99000063139**1. Entity Name
BOOKS & BOOKS OF LINCOLN ROAD, INC.

Principal Place of Business

5860 SW 53RD TERRACE

MIAMI
33155

FL

Mailing Address

5860 SW 53RD TERRACE

MIAMI
33155

FL

2. Principal Place of Business

933 LINCOLN ROAD

3. Mailing Address

265 ARAGON AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

MIAMI BEACH

FL

City & State

CORAL GABLES

FL

Zip
33139Country
FLZip
33134Country
FL

4. FEI Number

65-0943238

Applied For

Not Applicable

5. Certificate of Status Desired

☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

O'NAGHTEN JUAN T
2665 SOUTH BAYSHORE DRIVE, SUITE 200MIAMI
33131

US

FL

7. Name and Address of New Registered Agent

Name

O JUAN T

Street Address (P.O. Box Number is Not Acceptable)
2665 SOUTH BAYSHORE DRIVE, SUITE 200City
MIAMI

FL

Zip Code
33131

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 **JUAN T O'NAGHTEN**

04/27/2001

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, 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

TITLE	S	☐ Delete
NAME	KAPLAN HELEN	
STREET ADDRESS	5860 SW 53RD TERRACE	
CITY-ST-ZIP	MIAMI FL 33155	
TITLE	DPT	☐ Delete
NAME	KAPLAN MITCHELL	
STREET ADDRESS	5860 SW 53RD TERRACE	
CITY-ST-ZIP	MIAMI FL 33155	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

DPT

04/27/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)