

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P99000072810**

1. Entity Name

LNR MILLENNIUM MANAGER, INC.**FILED**
Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90148 021 ***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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0941922**

Applied For

No: 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

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

Name

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

City

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.

SIGNATURE

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 State10. 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	D	<input type="checkbox"/> Delete
NAME	MILLER, LEONARD	
STREET ADDRESS	700 N.W. 107TH AVENUE	
CITY-STATE-ZIP	MIAMI FL 33172	
TITLE	D	<input type="checkbox"/> Delete
NAME	SAINOTZ, STEVEN J	
STREET ADDRESS	760 N.W. 107TH AVENUE SUITE 300	
CITY-STATE-ZIP	MIAMI FL 33172	
TITLE	D	<input type="checkbox"/> Delete
NAME	MILLER, STUART	
STREET ADDRESS	700 N.W. 107TH AVENUE	
CITY-STATE-ZIP	MIAMI FL 33172	
TITLE	V	<input type="checkbox"/> Delete
NAME	RUBIN, SHELLY	
STREET ADDRESS	760 NW 107 AVE STE 300	
CITY-STATE-ZIP	MIAMI FL 33172	
TITLE	AC	<input type="checkbox"/> Delete
NAME	LEIBERMAN, ARTHUR J	
STREET ADDRESS	760 NW 107 AVE STE 300	
CITY-STATE-ZIP	MIAMI FL 33172	
TITLE	T	<input type="checkbox"/> Delete
NAME	JORDAN, MARGARET	
STREET ADDRESS	760 NW 107 AVE STE 300	
CITY-STATE-ZIP	MIAMI FL 33172	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
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CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Arthur J. Lieberman

4/14/01

305/485-2000

CR2E034 (10/00)