

2000 UNIFORM BUSINESS REPORT (UBR)

3/0/

FILED
May 16, 2000 8:00 am
Secretary of State

03-06-2000 90124 001 ***150.00

DOCUMENT # P98000092614

1. Entity Name

LIGHTHOUSE INTRACOASTAL, INC.

Principal Place of Business

Mailing Address

1401 UNIVERSITY DRIVE
 SUITE 301
 CORAL SPRINGS FL

1401 UNIVERSITY DRIVE
 SUITE 301
 CORAL SPRINGS FL 33071-6088

2. Principal Place of Business

3. Mailing Address

3764 NE 20th Terrace

3764 NE 20th Terrace

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
 AVENTURA, FL

City & State
 AVENTURA FL

Zip
 33180

Country
 USA

Zip
 33180

Country
 USA

4. FEI Number

65-0872926

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

JOHNSON, HENRY W
 1401 UNIVERSITY DRIVE
 SUITE 301
 CORAL SPRINGS FL

Name

St

FL

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, 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

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TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FARJI, ISIDORO 3764 NW 207TH TERRACE AVENTURA FL 33180 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FARJI, JACK 3764 NW 207TH TERRACE AVENTURA FL 33180 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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

3/1/00

305-4368972

Date

Daytime Phone #

CR2E034 (9/99)