

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L81144**

1. Entity Name

LOX HAVEN, INC.

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FILED
Jul 28, 2000 8:00 am
Secretary of State

07-28-2000 90148 042 ***150.00

Principal Place of Business

**5715 MARGATE BLVD
MARGATE FL 33063
US**

Mailing Address

**5715 MARGATE BLVD.
MARGATE FL 33063**

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 **65-0263631**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SCHIMMEL, ROBERT L
3191 CORAL WAY PH2
100 S.E. 2ND STREET
MIAMI FL 33145**

7. Name and Address of New Registered Agent

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 **PD** ☐ Delete
NAME **MARKMAN, STANLEY**
STREET ADDRESS **5715 MARGATE BLVD**
CITY-ST-ZIP **MARGATE FL**

TITLE **VPD** ☐ Delete
NAME **PFEFFER, STANLEY**
STREET ADDRESS **5715 MARGATE BLVD**
CITY-ST-ZIP **MARGATE FL**

TITLE **SD** ☐ Delete
NAME **ZACHER, HARVEY**
STREET ADDRESS **8715 MARGATE BLVD**
CITY-ST-ZIP **MARGATE FL**

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 **ASST. VICE PRESIDENT - DIR**
STREET ADDRESS **MARKMAN, CRAIG**
CITY-ST-ZIP **5715 MARGATE BLVD,
MARGATE, FL 33063**

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, without other like empowerment.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STANLEY PFEFFER

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE



L81144 Attachment A0070015

Lox Haven, Inc.

5715 Margate Blvd. • Margate, FL 33063 • (954) 977-7300 • Fax: (954) 977-8155

July 20, 2000

**Florida Department Of State
Division Of Corporations
P. O. Box 6327
Tallahassee, Florida 32314**

To Whom It May Concern:

**Re: LOX HAVEN INC 65-0263631
L81144**

Pursuant to my conversation with Jane, please be advised that we never received the first mailing of the 2000 Uniform Business Report due by May 1, 2000.

As instructed, enclosed is a check for \$150.00 for payment of the 2000 Uniform Business Report.

Thank you for your help and assistance.

Very truly yours,

Gail A. Friedman

**Gail A. Friedman
Controller**

Enc.