

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F93000000524

1. Entity Name
LODEX IMPERIALAKES, INC.

FILED
Sep 18, 2000 8:00 am
Secretary of State

09-18-2000 90045 018 ***550.00

Principal Place of Business
1180 AVENUE OF THE AMERICAS, 18TH FLOOR
NEW YORK NY 10036

Mailing Address
1180 AVENUE OF THE AMERICAS, 18TH FLOOR
NEW YORK NY 10036



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
220 EAST 42ND STREET
Suite, Apt. #, etc.
27TH FLOOR

3. Mailing Address
220 EAST 42ND STREET
Suite, Apt. #, etc.
27TH FLOOR

City & State
NEW YORK, NY
Zip
10017

City & State
NEW YORK, NY
Zip
10017

4. FEI Number 13-3696944

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

THE PRENTICE HALL CORPORATION SYSTEM, INC
1201 HAYES STREET
SUITE 105
TALLAHASSEE FL 32301

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 _____ (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
NAME PD
STREET ADDRESS TANSEY, FRANCIS X
CITY-ST-ZIP 1180 AVE OF THE AMERICAS, 18TH FL
NEW YORK NY 10036 ☐ Delete

TITLE
NAME VTD
STREET ADDRESS LUSKI, DAVID
CITY-ST-ZIP 1180 AVE OF THE AMERICAS, 18TH FL
NEW YORK NY 10036 ☐ Delete

TITLE
NAME VS
STREET ADDRESS SUMMERS, BRIAN
CITY-ST-ZIP 1180 AVE OF THE AMERICAS, 18TH FL
NEW YORK NY 10036 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS 220 EAST 42ND STREET, 27TH FL.
CITY-ST-ZIP NEW YORK, NY 10017 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS 220 EAST 42ND STREET, 27TH FL.
CITY-ST-ZIP NEW YORK, NY 10017 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS 220 EAST 42ND STREET, 27TH FLOOR
CITY-ST-ZIP NEW YORK, NY 10017 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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 reports 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 REQUIRED. SUMMERS 9/13/00 42-697-4740
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/00)