

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000001199

1. Entity Name

LUX CORPORATION

Principal Place of Business

3 S.W. 129TH AVE.
PEMBROKE PINES FL 33027

Mailing Address

3 S.W. 129TH AVE.
PEMBROKE PINES FL 33027-1775

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

FILED
May 04, 2000 8:00 am
Secretary of State

05-04-2000 90178 043 ***150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number

91-0908685

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
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

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

TITLE	C	<input type="checkbox"/> Delete
NAME	SCHAEFER, ROWLAND	
STREET ADDRESS	3 S.W. 129TH AVE., STE. 400	
CITY-ST-ZIP	PEMBROKE PINES FL 33027	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	SHIH, EVA	
STREET ADDRESS	3 S.W. 129TH AVE., STE. 400	
CITY-ST-ZIP	PEMBROKE PINES FL 33027	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	MISEGADIS, GERALD R	
STREET ADDRESS	3 S.W. 129TH AVE., STE. 400	
CITY-ST-ZIP	PEMBROKE PINES FL 33027	
TITLE	V	<input type="checkbox"/> Delete
NAME	DEGROSS, MICHAEL L	
STREET ADDRESS	3 S.W. 129TH AVE., STE. 400	
CITY-ST-ZIP	PEMBROKE PINES FL 33027	
TITLE	T	<input type="checkbox"/> Delete
NAME	KAPLAN, IRA	
STREET ADDRESS	3 S.W. 129TH AVE., STE. 400	
CITY-ST-ZIP	PEMBROKE PINES FL 33027	
TITLE	S	<input type="checkbox"/> Delete
NAME	BERRITT, HAROLD E	
STREET ADDRESS	3 S.W. 129TH AVE., STE. 400	
CITY-ST-ZIP	PEMBROKE PINES FL 33027	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BOB SAYRE	
STREET ADDRESS	3050 131 AVENUE S.E.	
CITY-ST-ZIP	BELLEVUE, WA 98006	
TITLE	Y	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KATHLEEN ROSSI	
STREET ADDRESS	3 S.W. 129TH AVE., STE. 400	
CITY-ST-ZIP	PEMBROKE PINES, FL 33027	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	3050 131 AVENUE S.E.	
CITY-ST-ZIP	BELLEVUE, WA 98006	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Vice President	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1221 BRICKELL AVENUE	
CITY-ST-ZIP	MIAMI, FL 33131	

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:

Kathleen E. Rossi
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KATHLEEN ROSSI

Date

Daytime Phone #

4/25/00 (954) 433-3900

CR2E034 (9/99)