

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2001 8:00 am
Secretary of State
 05-03-2001 90057 024 ***150.00

0113982

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

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 91-0908685

Applied For

Not 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 RD.
 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 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

TITLE C
 NAME SCHAEFER, ROWLAND
 STREET ADDRESS 3 S.W. 129TH AVE., STE. 400
 CITY-ST-ZIP PEMBROKE PINES FL 33027 ☐ Delete

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

TITLE P
 NAME SAYRE, BOB
 STREET ADDRESS 3650 131 AVE SE
 CITY-ST-ZIP BELLEVUE WA 98006 ☐ Delete

TITLE
 NAME
 STREET ADDRESS 140 PINE AVENUE
 CITY-ST-ZIP LONG BEACH, CA 90802 ☒ Change ☐ Addition

TITLE V
 NAME ROSSI, KATHLEEN
 STREET ADDRESS 3 S.W. 129TH AVE., STE. 400
 CITY-ST-ZIP PEMBROKE PINES FL 33027 ☐ Delete

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

TITLE V
 NAME DEGROSS, MICHAEL L
 STREET ADDRESS 3650 131 AVE SE
 CITY-ST-ZIP BELLEVUE WA 98006 ☐ Delete

TITLE
 NAME
 STREET ADDRESS 140 PINE AVENUE
 CITY-ST-ZIP LONG BEACH, CA 90802 ☒ Change ☐ Addition

TITLE VP
 NAME KAPLAN, IRA
 STREET ADDRESS 3 S.W. 129TH AVE., STE. 400
 CITY-ST-ZIP PEMBROKE PINES FL 33027 ☐ Delete

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

TITLE S
 NAME BERRITT, HAROLD E
 STREET ADDRESS 1221 BRICKELL AVE
 CITY-ST-ZIP MIAMI FL 33131 ☐ Delete

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 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

4/26/01

(954) 433-3900

Date Daytime Phone #

CR2E034 (10/00)