

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 15, 2003 8:00 am**  
**Secretary of State**

01-15-2003 90257 005 \*\*\*150.00

DOCUMENT # **L81144**

1. Entity Name  
**LOX HAVEN, INC.**



Principal Place of Business  
**5715 MARGATE BLVD  
MARGATE FL 33063  
US**

Mailing Address  
**5715 MARGATE BLVD.  
MARGATE FL 33063**

**30002636**



2. Principal Place of Business  
**1400 S.W. / 15 CT,**  
Suite, Apt. #, etc.

3. Mailing Address  
**1400 SW / 15 COURT**  
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State  
**POMPANO BEACH, FL**  
Zip  
**33069** Country  
**USA**

City & State  
**POMPANO BEACH, FL**  
Zip  
**33069** Country  
**USA**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

## 10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PD	MARKMAN, STANLEY	5715 MARGATE BLVD	MARGATE FL	<input type="checkbox"/>
VPD	PFEFFER, STANLEY	5715 MARGATE BLVD	MARGATE FL	<input type="checkbox"/>
SD	ZACKER, HARVEY	8715 MARGATE BLVD	MARGATE FL	<input type="checkbox"/>
AVPD	CRAIG, MARKMAN	5715 MARGATE BLVD	MARGATE FL 33063	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
		1400 SW / 15 CT.	POMPANO BEACH, FL 33069	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		1400 SW / 15 CT.	POMPANO BEACH, FL 33069	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		1400 SW / 15 CT.	POMPANO BEACH, FL 33069	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		1400 SW / 15 CT.	POMPANO BEACH, FL 33069	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **STANLEY PFEFFER**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **1/15/03** Daytime Phone #

CR2E034 (10/02)