

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 19, 2002 8:00 am**  
**Secretary of State**

05-19-2002 90209 013 \*\*\*150.00

**DOCUMENT # P00000089612**

**1. Entity Name**  
**HAVANA REPUBLIC LVDP, INC.**

**Principal Place of Business**

**1360 WESTON ROAD**  
**WESTON FL 33326**

**3**

**Mailing Address**

**1360 WESTON ROAD**  
**WESTON FL 33326**

**2. Principal Place of Business**

**300 SW 1ST AVE**

**Suite, Apt. #, etc.**

**108**

**3. Mailing Address**

**300 SW 1ST AVE**

**Suite, Apt. #, etc.**

**108**

**City & State**

**Fort Lauderdale FL**

**City & State**

**Fort Lauderdale FL**

**Zip**

**33301**

**Country**

**USA**

**Zip**

**33301**

**Country**

**USA**

**4. FEI Number**

**65-1058938**

**Applied For**

**Not Applicable**

**5. Certificate of Status Desired**

☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**SCHATZMAN, STEPHEN**  
**1360 WESTON ROAD**  
**WESTON FL 33326**

**7. Name and Address of New Registered Agent**

**Name** **Stephen Schatzman**  
**Street Address (P.O. Box Number is Not Acceptable)**  
**300 SW 1ST AVE**  
**City** **Fort Lauderdale** **FL** **Zip Code** **33301**

**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**

**Stephen Schatzman**

(NOTE: Registered Agent signature required when reinstating)

**DATE**

**4/21/02**

**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, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

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

**11. OFFICERS AND DIRECTORS**

**TITLE** **D** ☐ **Delete**  
**NAME** **SCHATZMAN, STEPHEN**  
**STREET ADDRESS** **1360 WESTON ROAD**  
**CITY-ST-ZIP** **WESTON FL 33326**

**TITLE** **D** ☒ **Delete**  
**NAME** **GIMELSTEIN, ALEX**  
**STREET ADDRESS** **1360 WESTON ROAD**  
**CITY-ST-ZIP** **WESTON FL 33326**

**TITLE** ☐ **Delete**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**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** **President, Director** ☒ **Change** ☐ **Addition**  
**NAME** **SCHATZMAN, STEPHEN**  
**STREET ADDRESS** **300 SW 1ST AVE Suite 108**  
**CITY-ST-ZIP** **FT. LAUDERDALE, FL. 33301**

**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**  
**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, with all other like empowered**

**SIGNATURE:**

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**4/21/02** **954-525-6333**  
**Date** **Daytime Phone #**

CR2E034 (9/01)