

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 30, 2002 8:00 am**  
**Secretary of State**

04-24-2002 90274 032 \*\*\*150.00

**DOCUMENT # P01000113102**

1. Entity Name

**PRAXIS MANAGEMENT INC.**

Principal Place of Business

1818 MICHIGAN AVE SUITE 33  
 MIAMI BEACH FL 33139

Mailing Address

1818 MICHIGAN AVE SUITE 33  
 MIAMI BEACH FL 33139

2. Principal Place of Business

800 LORDEX AVE

3. Mailing Address

800 LORDEX AVE

Suite, Apt. #, etc.

Apt #4

Suite, Apt. #, etc.

Apt #4

City & State

Miami FL

City & State

Miami FL

4. FEI Number

65-1155592

Applied For

Not Applicable

Zip

33139

Country

Dade

Zip

33139

Country

Dade

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

6. Name and Address of Current Registered Agent

CORPORATE CREATIONS NETWORK INC.

941 FOURTH STREET #200

MIAMI BEACH FL 33139

7. Name and Address of New Registered Agent

Name

Loren Mack

Street Address (P.O. Box Number is Not Acceptable)

800 LORDEX AVE #4

City

Miami

FL

Zip Code

33139

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]*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/2/02

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 \$950.00**

**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 STREET ADDRESS CITY-ST-ZIP  
 0  
 LOTSPEICH, BRADSHAW  
 1818 MICHIGAN AVE SUITE 33  
 MIAMI BEACH FL 33139 ☐ 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

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 CITY-ST-ZIP ☐ 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

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)(l), 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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/02 305 5380176

Date

Daytime Phone #

CH202034 (9/01)

**Praxis Management Inc.**

Attachment<sup>P92</sup>  
33110

May 14, 2002

**Ms. Katherine Harris  
Secretary of State  
FLORIDA DEPARTMENT OF STATE**

**Subject: PRAXIS MANAGEMENT INC. ANNUAL REPORT**  
**Reference number: P01000113102**

Further to your letter requesting us to complete Block 4, find here attached the copy you send to us filled with the requested data (FEI).

Our FEI: **65-1155592**

In addition, we would like to request the reimbursement of \$35.00 from our not accepted change name request. We are keeping our original name. Please find attached a copy of your letter # 902A00016590 referencing this request.

Best regards,



**Lauren Marx  
Treasurer**