

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 27, 2001 8:00 am
Secretary of State

04-27-2001 90385 030 ***150.00

DOCUMENT # P95000091399

1. Entity Name

LHD, INC.

Principal Place of Business

550 BILTMORE WAY
STE 1110
CORAL GABLES FL 33134

Mailing Address

550 BILTMORE WAY
STE 1110
CORAL GABLES FL 33134

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 65-0634031

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

WEISENFELD, JOSEPH J
WEISENFELD & ASSOCIATES, P.A.
550 BILTMORE WAY, STE. 1120
CORAL GABLES FL 33134

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
NAME
STREET ADDRESS
CITY-ST-ZIP
RDC
STERN, RODOLFO
550 BILTMORE WAY, SUITE 1110
CORAL GABLES FL 33134 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VSD
HORWITZ, ROBERTO
550 BILTMORE WAY, SUITE 1110
CORAL GABLES FL 33134 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VTD
SERVIANSKY, DAVID
550 BILTMORE WAY, SUITE 1110
CORAL GABLES FL 33134 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DV
STERN, EDUARDO
550 BILTMORE WAY, SUITE 1110
CORAL GABLES FL 33134 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
ECKSTEIN, BERNARD
550 BILTMORE WAY, SUITE 1110
CORAL GABLES FL 33134 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
LANGHOFF, STEVE
8131 LBJ FREEWAY, SUITE 725
DALLAS TX 75251 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
5800 GRANITE PARKWAY SUITE 860
PLANO, TX 75024

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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RODOLFO STERN

Date

Daytime Phone #

(305) 461-2440

CR2E034 (10/00)