2001 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 26, 2001 8:00 am Secretary of State DOCUMENT # **P9600009791** LAKEHAVEN UTILITY, INC. 4-26-2001 90268 010 ***150.00 Principal Place of Business Mailing Address 500 FEDHAVEN CIRCLE C/O MARK R. RUBIN FEDHAVEN FL 33854 777 ARTHUR GODFREY ROAD. FOURTH FLOOR MIAMI BEACH FL 33140 2. Principal Place of Business 3. Mailing Address Suito, Apt. #, etc Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3406998 Not Applicable Zio Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Rubin, Mark R Street Address (P.O. Box Number is Not Acceptable) 777 ARTHUR GODFREY RD **FOURTH FLOOR** MIAMI BEACH FL 33140 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, typed or printed name of registered agent and title 4 applicable. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TIT! F Addition Change RUBIN, MARK R NAME NAME 777 ARTHUR GODFREY RD., FOURTH FLOOR STREET ADDRESS STREET ADDRESS CiTY-ST-7IP MIAMI BEACH FL 33140 CITY - ST - ZiP D TITLE Delete TITLE ☐ Chance Addition ANDREWS, ROBERT M NAME NAME 5032 BRANDYWINE WAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP STUART FL 34997 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition DOOLEY, RICHARD NAME NAME STREET ADDRESS 207 LAKE STREET STREET ADDRESS CITY-ST-ZiP CITY-ST-ZIP **EVANSTON IL 60201** ☐ Delete TITLE TITLE ☐ Change Addition GIOVANNA, CHARLES NAME NAME STREE! ADDRESS 64 W. BROTHER DR STREET ADDRESS CITY-ST-ZiP GREENWICH CT 06830 CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP C/TY-ST-7IP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CHY-ST-7iP

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 popular forms that I am an officer or director of the corporation or the receiver of 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 a statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NAVE R. Rubin 4/11/01 305-538-4314

CR2E034 (10/00)