

FILED
May 01, 2002 8:00 am
Secretary of State

05-01-2002 91566 049 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000009804

1. Entity Name

Lakehaven Acres, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

500 Fedhaven Circle

Suite, Apt. #, etc.

3. Mailing Address

P. O. Box 8317

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Fedhaven, FL

City & State

Fedhaven, FL

Zip

33854

Country

USA

Zip

33854

Country

USA

4. FEI Number

59-3407000

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

Mark R. Rubin

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

777 Arthur Godfrey Rd.

City

Miami Beach

FL

Zip Code

33140

**DO NOT WRITE
IN THIS SPACE**

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) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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	D	TITLE	
NAME	Rubin, Mark R.	NAME	
STREET ADDRESS	777 Arthur Godfrey Rd.	STREET ADDRESS	
CITY-STATE-ZIP	Miami Beach, FL 33140	CITY-STATE-ZIP	
TITLE	D	TITLE	
NAME	Andrews, Robert M.	NAME	
STREET ADDRESS	5032 Brandywine Way	STREET ADDRESS	
CITY-STATE-ZIP	Stuart, FL 34997	CITY-STATE-ZIP	
TITLE	D	TITLE	
NAME	Dooley, Richard	NAME	
STREET ADDRESS	207 Lake St.	STREET ADDRESS	
CITY-STATE-ZIP	Evanston, IL 60201	CITY-STATE-ZIP	
TITLE	D	TITLE	
NAME	Giovanna, Charles Di	NAME	
STREET ADDRESS	64 W. Brother Dr.	STREET ADDRESS	
CITY-STATE-ZIP	Greenwich, CT 06830	CITY-STATE-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 supplementary 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 on an attachment with an address, with authority to be empowered.

SIGNATURE:

Mark R. Rubin

4/19/02

305-538-4314

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)