

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 91009 024 ***150.00

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 402279

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Fedhaven FL

City & State

Miami Beach, FL 33140

Zip

33854

Country

USA

Zip

33140

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 Road

City

Miami Beach

FL

Zip Code

33140

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Rubin, Mark R. 777 Arthur Godfrey Rd. Miami Beach, FL 33140	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Andrews, Robert M. 5032 Brandywine Way Stuart, FL 34997	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Dooley, Richard 207 Lake St. Evanston, IL 60201	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Giovanna, Charles Di. 64 W. Brother Dr. Greenwich, CT 06830	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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**DO NOT WRITE
IN THIS SPACE**

12. 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 someone empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other persons empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mark R. Rubin

4/24/03
Date

305-538-4314
Daytime Phone #

CR2E034B (12/02)