

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000061872

1. Entity Name

L.H.F., INC.

**FILED**  
**May 12, 2000 8:00 am**  
**Secretary of State**

05-12-2000 90005 012 \*\*\*150.00

Principal Place of Business

Mailing Address

3225 AVIATION AVE  
STE 700  
COCONUT GROVE FL 33133  
US

3225 AVIATION AVE  
STE 700  
COCONUT GROVE FL 33133-4741  
US

2. Principal Place of Business

3. Mailing Address

3225 AVIATION AVE  
Suite, Apt. #, etc.  
700

3225 AVIATION AVE  
Suite, Apt. #, etc.  
700

City & State

City & State

COCONUT GROVE, FL

COCONUT GROVE, FL

Zip

Country

Zip

Country

33133

USA

33133

USA

6. Name and Address of Current Registered Agent

4. FEI Number 65-0712579

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent

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, 2000 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

TITLE DVS ☐ Delete

NAME MARCUS, STEWART  
STREET ADDRESS 3225 AVIATION AVE STE 700  
CITY-ST-ZIP COCONUT GROVE FL 33133

TITLE P ☐ Delete

NAME RAFOFSKY, HARVEY P  
STREET ADDRESS 3225 AVIATION AVE. SUITE 700  
CITY-ST-ZIP COCONUT GROVE FL 33133

TITLE VT ☐ Delete

NAME FAGAN, PETER F  
STREET ADDRESS 3225 AVIATION AVE., STE 700  
CITY-ST-ZIP COCONUT GROVE FL 33133

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PETER F. FAGAN

4/26/00 305-860-8188

Date

Daytime Phone #

CR2E034 (9/99)