

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Jan 19, 2001 08:00 AM**  
**Secretary of State**

**DOCUMENT # P96000103978**

1. Entity Name  
**LAWEX CORPORATION**

|                                                                                    |    |                                                                        |    |
|------------------------------------------------------------------------------------|----|------------------------------------------------------------------------|----|
| Principal Place of Business<br>7901 LUDLAM RD<br>STE 206<br>S MIAMI<br>33143<br>US | FL | Mailing Address<br>7901 LUDLAM RD<br>STE 206<br>S MIAMI<br>33143<br>US | FL |
|------------------------------------------------------------------------------------|----|------------------------------------------------------------------------|----|

|                                                         |                                             |
|---------------------------------------------------------|---------------------------------------------|
| 2. Principal Place of Business<br>8872 SW 129TH TERRACE | 3. Mailing Address<br>8872 SW 129TH TERRACE |
|---------------------------------------------------------|---------------------------------------------|

|                     |                     |
|---------------------|---------------------|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
|---------------------|---------------------|

|                             |                             |
|-----------------------------|-----------------------------|
| City & State<br>MIAMI<br>FL | City & State<br>MIAMI<br>FL |
|-----------------------------|-----------------------------|

|              |               |              |               |
|--------------|---------------|--------------|---------------|
| Zip<br>33176 | Country<br>US | Zip<br>33176 | Country<br>US |
|--------------|---------------|--------------|---------------|

|                                    |                                                        |
|------------------------------------|--------------------------------------------------------|
| 4. FEI Number<br><b>65-0727287</b> | Applied For<br><input type="checkbox"/> Not Applicable |
|------------------------------------|--------------------------------------------------------|

|                                                           |                                       |
|-----------------------------------------------------------|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required |
|-----------------------------------------------------------|---------------------------------------|

DO NOT WRITE IN THIS SPACE

|                                                                                                                           |                                                                                                                                                                                                  |
|---------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 6. Name and Address of Current Registered Agent<br><br>STEINBERG ROBB<br>7901 LUDLAM RD<br>#206<br>S MIAMI<br>33143<br>FL | 7. Name and Address of New Registered Agent<br>Name<br>STEINBERG ROBB<br>Street Address (P.O. Box Number is Not Acceptable)<br>8872 SW 129TH TERRACE<br>City<br>MIAMI<br>FL<br>Zip Code<br>33176 |
|---------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

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 \_\_\_\_\_ DATE **01/19/2001**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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                      | P                           | <input type="checkbox"/> Delete |  | TITLE                                                 | P                     | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| NAME                       | STEINBERG ROBB D            |                                 |  | NAME                                                  | STEINBERG ROBB D      |                                                                              |  |
| STREET ADDRESS             | 200 S. BISCAYNE BLVD. #4700 |                                 |  | STREET ADDRESS                                        | 8872 SW 129TH TERRACE |                                                                              |  |
| CITY-ST-ZIP                | MIAMI FL 33131              |                                 |  | CITY-ST-ZIP                                           | MIAMI FL 33176        |                                                                              |  |
| TITLE                      | C                           | <input type="checkbox"/> Delete |  | TITLE                                                 |                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |  |
| NAME                       | STEINBERG JOEL              |                                 |  | NAME                                                  |                       |                                                                              |  |
| STREET ADDRESS             | 7612 GLEN ALBENS CIRCLE     |                                 |  | STREET ADDRESS                                        |                       |                                                                              |  |
| CITY-ST-ZIP                | DALLAS TX 75225             |                                 |  | CITY-ST-ZIP                                           |                       |                                                                              |  |
| TITLE                      | VTS                         | <input type="checkbox"/> Delete |  | TITLE                                                 | VTS                   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| NAME                       | STEINBERG VANESSA           |                                 |  | NAME                                                  | STEINBERG VANESSA     |                                                                              |  |
| STREET ADDRESS             | 7621 SW 53 PL               |                                 |  | STREET ADDRESS                                        | 8872 SW 129TH TERRACE |                                                                              |  |
| CITY-ST-ZIP                | MIAMI FL 33143              |                                 |  | CITY-ST-ZIP                                           | MIAMI FL 33176        |                                                                              |  |
| TITLE                      |                             | <input type="checkbox"/> Delete |  | TITLE                                                 |                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |  |
| NAME                       |                             |                                 |  | NAME                                                  |                       |                                                                              |  |
| STREET ADDRESS             |                             |                                 |  | STREET ADDRESS                                        |                       |                                                                              |  |
| CITY-ST-ZIP                |                             |                                 |  | CITY-ST-ZIP                                           |                       |                                                                              |  |
| TITLE                      |                             | <input type="checkbox"/> Delete |  | TITLE                                                 |                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |  |
| NAME                       |                             |                                 |  | NAME                                                  |                       |                                                                              |  |
| STREET ADDRESS             |                             |                                 |  | STREET ADDRESS                                        |                       |                                                                              |  |
| CITY-ST-ZIP                |                             |                                 |  | CITY-ST-ZIP                                           |                       |                                                                              |  |
| TITLE                      |                             | <input type="checkbox"/> Delete |  | TITLE                                                 |                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |  |
| NAME                       |                             |                                 |  | NAME                                                  |                       |                                                                              |  |
| STREET ADDRESS             |                             |                                 |  | STREET ADDRESS                                        |                       |                                                                              |  |
| CITY-ST-ZIP                |                             |                                 |  | 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: Vanessa Steinberg**

VP

01/19/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)