

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 03, 2001 8:00 am
Secretary of State
 02-03-2001 90036 033 ***150.00

DOCUMENT # P97000011478

1. Entity Name

LOEB INTERNATIONAL DRIVE, INC.

Principal Place of Business

**C/O LOEB PARTNERS REALTY
 521 FIFTH AVENUE, SUITE 2300
 NEW YORK NY 10175**

Mailing Address

**C/O LOEB PARTNERS REALTY
 521 FIFTH AVENUE, SUITE 2300
 NEW YORK NY 10175**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

13-3931277

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ROSEN, LAWRENCE N
 2925 AVENTURA BOULEVARD
 SUITE 308
 AVENTURA FL 33180**

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, 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
NAME	LESSER, JOSEPH S.	
STREET ADDRESS	521 5TH AVE.	
CITY-ST-ZIP	NEW YOR NY 10175	
TITLE	VP	<input type="checkbox"/> Delete
NAME	GORDON, ALAN	
STREET ADDRESS	521 5TH AVE.	
CITY-ST-ZIP	NEW YORK NY 10175	
TITLE	VP	<input type="checkbox"/> Delete
NAME	NAUGHTON, GARY	
STREET ADDRESS	521 5TH AVE.	
CITY-ST-ZIP	NEW YORK NY 10175	
TITLE	VP	<input type="checkbox"/> Delete
NAME	GOLD, STEVEN D.	
STREET ADDRESS	521 5TH AVE.	
CITY-ST-ZIP	NEW YORK NY 10175	
TITLE	ASAT	<input type="checkbox"/> Delete
NAME	MOSBERG, PHYLLIS	
STREET ADDRESS	521 5TH AVE.	
CITY-ST-ZIP	NEW YORK NY 10175	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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

ALAN L. GORDON

Date

Daytime Phone #

CR2E034 (10/00)