

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 27, 2005 08:00 AM
Secretary of State

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



03022005

No Chg-P

CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

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

NATIONAL CORPORATE RESEARCH, LTD., INC.
103 N. MERIDIAN STREET
TALLAHASSEE, FL 32301

**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. 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

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	LESSER, JOSEPH S.
STREET ADDRESS	521 5TH AVE.
CITY - ST - ZIP	NEW YOR, NY 10175
TITLE	VP
NAME	GORDON, ALAN
STREET ADDRESS	521 5TH AVE.
CITY - ST - ZIP	NEW YORK, NY 10175
TITLE	VP
NAME	NAUGHTON, GARY
STREET ADDRESS	521 5TH AVE.
CITY - ST - ZIP	NEW YORK, NY 10175
TITLE	VP
NAME	GOLD, STEVEN D.
STREET ADDRESS	521 5TH AVE.
CITY - ST - ZIP	NEW YORK, NY 10175
TITLE	ASAT
NAME	MOSBERG, PHYLLIS
STREET ADDRESS	521 5TH AVE.
CITY - ST - ZIP	NEW YORK, NY 10175
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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04/27/05-80082-008 150.00

**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 trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 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 #