

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 12, 2002 8:00 am
Secretary of State

02-12-2002 90089 008 ***158.75

DOCUMENT # P98000060359

1. Entity Name
LEXI HOLDING CORP.

Principal Place of Business
12000 BISCAYNE BLVD.
#103
MIAMI FL 33181

Mailing Address
12000 BISCAYNE BLVD.
#103
MIAMI FL 33181



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
11900 Biscayne Blvd
State, Apt. #, etc.
262

3. Mailing Address
11900 Biscayne Blvd
Suite, Apt. #, etc.
262

City & State
Miami, FL
Zip
33181

Country
U.S.

City & State
Miami, FL
Zip
33181

Country
U.S.

4. FEI Number **65-0856457**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

PALMER, ROBERT M
4800 N FEDERAL HWY STE 200-E
BOCA RATON FL 33431

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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

TITLE **POTD** ☐ **Delete**
NAME **MILLER, MARTIN**
STREET ADDRESS **12000 BISCAYNE BLVD**
CITY-ST-ZIP **MIAMI FL 33181**

TITLE **Secretary & Director** ☐ **Delete**
NAME **IRVING GREENMAN**
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PRESIDENT, Treasurer, Director** ☒ **Change** ☐ **Addition**
NAME **MARTIN MILLER**
STREET ADDRESS **11900 Biscayne Blvd #262**
CITY-ST-ZIP **MIAMI, FL 33181**

TITLE **SECY, Director** ☒ **Change** ☒ **Addition**
NAME **IRVING GREENMAN**
STREET ADDRESS **11900 Biscayne Blvd**
CITY-ST-ZIP **MIAMI, FL 33181**

NAME
STREET ADDRESS
CITY-ST-ZIP

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ **Change** ☐ **Addition**
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TITLE ☐ **Delete**
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☐ **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
IRVING GREENMAN

Date

Daytime Phone #

CR2E034 (9/01)