

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 15, 2004 8:00 am
Secretary of State

04-15-2004 90009 043 ***158.75

DOCUMENT # P98000099103

1. Entity Name

TCG LENOX, INC.



Principal Place of Business

2937 S.W. 27TH AVE., STE. 303
COCONUT GROVE FL 33133

Mailing Address

2937 S.W. 27TH AVE., STE. 303
COCONUT GROVE FL 33133

2. Principal Place of Business

2950 S.W. 27th Ave

3. Mailing Address

2950 S.W. 27th Ave

Suite, Apt. #, etc.

200

Suite, Apt. #, etc.

200

City & State

Miami, Florida

City & State

Miami, Florida

Zip

33133

Country

USA

Zip

33133

Country

USA



MOORE

CR2E034 (11/03)

4. FEI Number

65-0881816

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GREEN, PATRICIA K
2200 MUSEUM TOWER
150 W. FLAGLER ST.
MIAMI FL 33130

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. 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, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DVT	☐ Delete
NAME	GONZALEZ, LUIS	
STREET ADDRESS	2937 S.W. 27TH AVE., STE. 303	
CITY-ST-ZIP	COCONUT GROVE FL 33133	
TITLE	DPS	☐ Delete
NAME	BOGGIO, LLYOD J	
STREET ADDRESS	2937 S.W. 27TH AVE., STE. 303	
CITY-ST-ZIP	COCONUT GROVE FL 33133	
TITLE	DV	☐ Delete
NAME	GREER, BRUCE	
STREET ADDRESS	2937 S.W. 27TH AVE., STE. 303	
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		

11. 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
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

Date

Daytime Phone #