

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2000 8:00 am
Secretary of State

03-28-2000 90059 050 ***150.00

DOCUMENT # F38388

1. Entity Name
LAKES OF CARRIAGE HILLS, INC.

| | |
|---|--|
| Principal Place of Business 9000 SHERIDIAN STREET SUITE 130 PEMBROKE PINES FL 33024 | Mailing Address 9000 SHERIDIAN STREET SUITE 130 PEMBROKE PINES FL 33024-8801 |
|---|--|

00031051



DO NOT WRITE IN THIS SPACE

| | |
|--|--|
| 2. Principal Place of Business 21011 Johnson Street Suite, Apt. #, etc. Suite 101 City & State Pembroke Pines, Florida | 3. Mailing Address 21011 Johnson Street Suite, Apt. #, etc. Suite 101 City & State Pembroke Pines, Florida |
|--|--|

| | |
|------------------------------------|--|
| 4. FEI Number 59-2115677 | Applied For <input type="checkbox"/> Not Applicable |
|------------------------------------|--|

| | | |
|--|---------------------|---------|
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | Zip 33029 | Country |
|--|---------------------|---------|

| | |
|---|--|
| 6. Name and Address of Current Registered Agent KOENIG, PAUL M 9000 SHERIDIAN STREET SUITE 130 PEMBROKE PINES FL 33024 | 7. Name and Address of New Registered Agent Name same Street Address (P.O. Box Number is Not Acceptable) 21011 Johnson Street Suite 101 City Pembroke Pines FL Zip Code 33029 |
|---|--|

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 _____ (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) <input type="checkbox"/> | FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State | 10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|---|---|--|

| 11. OFFICERS AND DIRECTORS | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|--|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PDS KOENIG, PAUL 9000 SHERIDAN ST. HOLLYWOOD FL <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 21011 Johnson Street, Suite 101 Pembroke Pines, Florida 33029 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VTD KOENIG, MICHAEL 9000 SHERIDAN ST. PEMBROKE PINES FL <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 21011 Johnson Street, Suite 101 Pembroke Pines, Florida 33029 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | AS KOENIG, MICHAEL 9000 SHERIDAN ST. PEMBROKE PINES FL <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 21011 Johnson Street, Suite 101 Pembroke Pines, Florida 33029 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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: **Michael Koenig, Vice President** **2/7/00** **954-436-9000**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #