2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P93000083282

1. Entity Name

G.L. HOMES OF MIRAMAR CORPORATION



FILED May 05, 2004 8:00 am Secretary of State

05-05-2004 90242 038 ***158.75

G.L. HOMES OF MINAMAN CONFORATION				1				
Principal Place of Business		Mailing Address						
1401 UNIVERSITY DRIVE STE. 200 CORAL SPRINGS FL 33071		1401 UNIVERSITY DRIVE STE. 200 CORAL SPRINGS FL 33071						P(88) 88
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			MOORE	CR2E034 (11/03)	
City & State		City & State			4. FEI Number 65-045320	7		oplied For of Applicable
Zip	Country	Zip	Country		5. Certificate of Status Desired		B.75 Add e Require	
	6. Name and Address of Current F	Registered Agent			7. Name and Address of New F	legistered Age	ent	
NAME OF A DATE O				Name				
MARK GRANT C/O RUDEN BARNETT 200 E BROWARD BOULEVARD FT LAUDERDALE FL 33302			Street /	Street Address (P.O. Box Number is Not Acceptable)				
			City	City · El Zip Code				
						FL	,	
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								
	May 1, 2004 Fee will be \$550.00			9. Election Campaign Fir Trust Fund Contribution			May Be to Fees	
Make Check Payable to Florida Department of State					Trust Faile Contribute	,,,,	Muuec	, 10 1 663
10.	OFFICERS AND (11.		ADDITIONS/CHANGES TO OFF	ICERS AND D	IRECTOR!	S IN 11
TITLE	PD	☐ Delete	TITLE	V	audoz N. MAR	'ıÆ □	☐ Change	Addition
NAME STREET ADDRESS	EZRATTI, ITZHAK 1401 UNIVERSITY DR / STE 200		NAME	MEN	WALLED STY DA	2 #10	0	
STREET ADDRESS CITY-ST-ZIP	CORAL SPRINGS FL		STREET ADDRESS CITY-ST-ZIP	1401	endez, N. MAR University Da Ral Springs, 1	בי אם בי	- 7/	
				001	eal springs, i			
TITLE NAME	VPAS FANT, ALAN	☐ Delete	TITLE			L.	Change	☐ Addition
	1401 UNIVERSITY DR / STE 200		NAME STREET ADDRESS					
CITY-ST-ZIP	CORAL SPRINGS FL		CITY-ST-ZIP					
TITLE	VT		_					
1	COSTELLO, RICHARD A	☐ Delete	TITLE NAME			L,	_ Change	Addition
STREET ADDRESS	1401 UNIVERSITY DR / STE 200	•	STREET ADDRESS					,
CITY-ST-ZIP	CORAL SPRINGS FL		CITY-ST-ZIP					
TITLE	V	☐ Delete	TITLE	 			Change	Addition
	NORWALK, RICHARD M	LI DOIGIC	NAME			L-	_ Origingc	Addition
STREET ADDRESS	1401 UNIVERSITY DR #200		STREET ADDRESS					i
CITY-ST-ZIP	CORAL SPRINGS FL		CITY-ST-ZIP					
TITLE	S	☐ Delete	TITLE				Change	☐ Addition
NAME	CORBAN, PAUL		NAME	1				
STREET ADDRESS	1401 UNIVERSITY DR #200		STREET ADDRESS					
CITY-ST-ZIP	CORAL SPRINGS FL 33071		CITY-ST-ZIP	1				
TITLE	V	☐ Delete	TITLE				Change	Addition
NAME	HELFMAN, STEVEN M		NAME				-	
STREET ADDRESS	1401 UNIVERSITY DR, STE 200		STREET ADDRESS					
CITY-ST-ZIP	CORAL SPGS FL 33071		CITY-ST-ZIP		<u> </u>			ļ
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								

12. Thereby certify that the information supplied with this filing does not quality 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.

N. Maria Menerious, Vice President

SIGNATURE