

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000045344

1. Entity Name  
**TRENDEX HOMES AT HARBOUR POINTE, INC.**

**FILED**  
**May 01, 2000 8:00 am**  
**Secretary of State**

05-01-2000 90459 032 \*\*\*150.00

Principal Place of Business <b>10358 RIVERSIDE DRIVE PALM BEACH GARDENS FL 33410</b>	Mailing Address <b>10358 RIVERSIDE DRIVE PALM BEACH GARDENS FL 33410-4216</b>
---	--



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>2523 BURNS ROAD</b>	3. Mailing Address <b>2523 BURNS ROAD</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>PALM BEACH GARDENS, FL</b>	City & State <b>PALM BEACH GARDENS, FL</b>	4. FEI Number <b>65-0598183</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>33410</b>	Country <b>US</b>	Zip <b>33410</b>	Country <b>US</b>

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

6. Name and Address of Current Registered Agent

**DIVOSTA, GUY MICHAEL**  
~~**10358 RIVERSIDE DRIVE**~~  
~~**PALM BEACH GARDENS FL 33410**~~

7. Name and Address of New Registered Agent

Name \_\_\_\_\_

Street Address (P.O. Box Numbers Not Acceptable)  
**2523 BURNS ROAD**

City **PALM BEACH GARDENS, FL** Zip Code **33410**

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)

**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.  **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS	
TITLE <b>DP</b>	<input type="checkbox"/> Delete
NAME <b>DIVOSTA, GUY MICHAEL</b>	
STREET ADDRESS <del><b>10358 RIVERSIDE DRIVE</b></del>	
CITY-ST-ZIP <del><b>PALM BEACH GARDENS FL</b></del>	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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]* **4-26-00** **561-625-4663**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CFR2E034 (9/99)