

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 17, 2001 8:00 am
Secretary of State

01-17-2001 90004 021 ***150.00

DOCUMENT # P96000063034

1. Entity Name

CLASSIC HOMES OF SOUTH FLORIDA, INC.

Principal Place of Business 3300 UNIVERSITY DRIVE STE 305 CORAL SPRINGS FL 33065	Mailing Address 3300 UNIVERSITY DRIVE STE 305 CORAL SPRINGS FL 33065
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4630 N. University Drive *4630 N. University Drive*


2. Principal Place of Business <i>PMB 436</i>	3. Mailing Address <i>PMB 436</i>
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Suite, Apt. #, etc. <i>CORAL SPRINGS</i>	Suite, Apt. #, etc. <i>CORAL SPRINGS</i>
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City & State <i>FL</i>	City & State <i>FLORIDA</i>
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Zip <i>33067</i>	Country <i>BROWARD</i>	Zip <i>33067</i>	Country <i>BROWARD</i>
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DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0676467	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
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6. Name and Address of Current Registered Agent

ROSENTHAL, ALAN H CPA, PA
3300 UNIVERSITY DRIVE STE 305
CORAL SPRINGS FL 33065

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, 2001 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BRILL, SAMUEL 4630 N UNIVERSITY DRIVE PMB 436 CORAL SPRINGS FL 33067 <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	S BRILL, JANET 4630 N UNIVERSITY DRIVE PMB 436 CORAL SPRINGS FL 33067 <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
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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: *Samuel Brill* **SAMUEL BRILL** *1/8/01* *954 341-0780*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0129814

CR2E034 (10/00)