2000 UNIFORM BUSINESS REPORT (UBR) **FILED** DOCUMENT # P98000072074 Apr 05, 2000 8:00 am 1. Entity Name Secretary of State BREAKSTONE HOMES, INC. 04-05-2000 90057 019 ***150.00 Mailing Address Principal Place of Business TURNBERRY PLAZA, SUITE 500 TURNBERRY PLAZA. SUITE 500 2875 NORTHEAST 191ST STREET 2875 NORTHEAST 191ST STREET AVENTURA FL 33180-2801 **AVENTURA FL 33180** 2. Principal Place of Business 3. Mailing Address 1200 Ponce De Leon Blvd SAME Suite, Apt. # etc Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0872098 Not Applicable Coral Gables, FL 33146 Country \$8.75 Additional Country Zip 33[™]46 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name same **WOLF, JORGE LUIS** Street Address (P.O. Box Number is Not Acceptable) TURNBERRY PLAZA, SUITE 500 <u> 1200 Ponce De Leon Blvd</u> 2875 NORTHEAST 191ST STREET **AVENTURA FL 33180** Zip Code Coral Gables, 33146 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. address Only 1200 Ponce De Leon Blvd. Change ☐ Addition TITLE ☐ Delete TITLE BREAKSTONE, NOAH NAME NAME STREET ADDRESS STREET ADDRESS TURNBERRY PLAZA, SUITE 500 Coral Gables, FL 33146 CITY-ST-ZIP CITY-ST-ZIP AVENTURA FL 33180 address only 1200 Ponce De Leon Blvd. ☐ Addition Change vpdt TITLE Delete TITLE WOLF, JORGE L NAME NAME STREET ADDRESS 2875 NE 191ST ST S#500 STREET ADDRESS CITY-ST-ZIP Coral Gables, FL 33146 CITY-ST-ZIP AVENTURA FL 33180 ☐ Addition address only 1200 Ponce De Leon Blvd. Change TITLE ☐ Delete BREAKSTONE, ARTHUR NAME NAME STREET ADDRESS STREET ADDRESS 2875 NE 191ST ST S#500 CITY-ST-ZIP Coral Gables, FL 33146 CITY-ST-ZIP **AVENTURA FL 33180** address only 1200 Ponce De Leon Blvd. ☐ Addition TITLE ☐ Delete TITLE PEISACH, ALBERTO NAME NAME STREET ADDRESS 2875 NE 191ST ST S#500 STREET ADDRESS CITY-ST-ZIP Coral Gables, FL 33146 CITY-ST-ZIP **AVENTURA FL 33180** address only 1200 Ponce De Leon Blvd. Change Addition ☐ Delete TITLE TITLE PEISACH, NATAN NAME NAME STREET ADDRESS 2875 NE 191ST ST S#500 STREET ADDRESS CITY-ST-ZIP Coral Gables, FL 33146 CITY-ST-ZIP **AVENTURA FL 33180** ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME

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

STREET ADDRESS

CITY-ST-7IP

SIGNATURE:

STREET ADDRESS

RC Noah Breakstone JRE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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