

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2001 8:00 am
Secretary of State

05-22-2001 90035 033 ***150.00

DOCUMENT # **P980000072074**

1. Entity Name

BREAKSTONE HOMES, INC.

C0069018

Principal Place of Business
TURNBERRY PLAZA, SUITE 500
2875 NORTHEAST 191ST STREET
AVENTURA, FL 33180

Mailing Address
TURNBERRY PLAZA, SUITE 500
2875 NORTHEAST 191ST STREET
AVENTURA, FL 33180

2. Principal Place of Business
1200 PONCE DE LEON BLVD.

3. Mailing Address
1200 PONCE DE LEON BLVD.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
CORAL GABLES, FL

City & State
CORAL GABLES, FL

4. FEI Number
65-0872098

Applied For
 Not Applicable

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

Zip
33134

Country
DADE

Zip
33134

Country
DADE

6. Name and Address of Current Registered Agent

JORGE LUIS WOLF
TURNBERRY PLAZA, SUITE 500
2875 N.E. 191ST STREET
AVENTURA, FL 33180

7. Name and Address of New Registered Agent

Name
JORGE LUIS WOLF

Street Address (P.O. Box Number is Not Acceptable)
1200 PONCE DE LEON BLVD.

City
CORAL GABLES, FL Zip Code
33134

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  **- JORGE LUIS WOLF** 4/30/01

Signature, typed or printed name of registered agent and date 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

TITLE DIRECTOR	<input type="checkbox"/> Delete
NAME NOAH BREAKSTONE	
STREET ADDRESS 2875 N.E. 191ST STREET, SUITE 500	
CITY-ST-ZIP AVENTURA, FL 33180	
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 DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME NOAH BREAKSTONE	
STREET ADDRESS 1200 PONCE DE LEON BLVD.	
CITY-ST-ZIP CORAL GABLES, FL 33134	
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:  **4/30/01** **305-705-0001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)