

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 30, 2005 08:00 AM
Secretary of State

DOCUMENT # H87104

1. Entity Name

G. L. HOMES OF FLORIDA CORPORATION



Principal Place of Business

% ITCHKO EZRATTI
1401 UNIVERSITY DR., STE. 200
CORAL SPRINGS FL 33071-8908

Mailing Address

% ITCHKO EZRATTI
1401 UNIVERSITY DR., STE. 200
CORAL SPRINGS FL 33071-8908

2. Principal Place of Business

3. Mailing Address

Suite, Apt #, etc.

Suite, Apt #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2129464

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GRANT, MARK
200 E. BROWARD BOULEVARD
FT. LAUDERDALE FL 33302

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. 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

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

| | | |
|----------------|-----------------------------|---------------------------------|
| TITLE | VP | <input type="checkbox"/> Delete |
| NAME | NORWALK, RICHARD M | |
| STREET ADDRESS | 1401 UNIVERSITY DR S200 | |
| CITY- ST- ZIP | CORAL SPRINGS FL | |
| TITLE | VAS | <input type="checkbox"/> Delete |
| NAME | FANT, ALAN J. | |
| STREET ADDRESS | 1401 UNIVERSITY DR #200 | |
| CITY- ST- ZIP | CORAL SPRINGS FL | |
| TITLE | VT | <input type="checkbox"/> Delete |
| NAME | COSTELLO, RICHARD A. | |
| STREET ADDRESS | 1401 UNIVERSITY DR #200 | |
| CITY- ST- ZIP | CORAL SPRINGS FL | |
| TITLE | S | <input type="checkbox"/> Delete |
| NAME | CORBAN, PAUL | |
| STREET ADDRESS | 1401 UNIVERSITY DR #200 | |
| CITY- ST- ZIP | CORAL SPRINGS FL 33071 | |
| TITLE | PD | <input type="checkbox"/> Delete |
| NAME | EZRATTI, ITZHAK | |
| STREET ADDRESS | 1401 UNIVERSITY DRIVE, #200 | |
| CITY- ST- ZIP | CORAL SPRINGS FL | |
| TITLE | V | <input type="checkbox"/> Delete |
| NAME | MENENDEZ, N. MARIA | |
| STREET ADDRESS | 1401 UNIVERSITY DR #200 | |
| CITY- ST- ZIP | POMPANO BEACH FL 33071 | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|--|---|
| 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 | | |

U00000345082 ☐ Change ☐ Addition
04/30/05-80021-012 150.00

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 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

SIGNATURE: *N. Maria Menendez* **N. Maria Menendez, Vice President** 4/28/05 (954) 753-1730