

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2002 8:00 am
Secretary of State

05-01-2002 91570 022 ***158.75

DOCUMENT # 638737

1. Entity Name
BEE RIDGE HOMES, INC.

Principal Place of Business 25 N FEDERAL HWY DANIA FL 33004 US	Mailing Address P.O. BOX 1814 DANIA FL 33004-1814 US
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2. Principal Place of Business 1912 S. OCEAN DR. Suite, Apt. #, etc. P.H.I.	3. Mailing Address 1912 S. OCEAN DR. Suite, Apt. #, etc. P.H. 1.
City & State HALLANDALE, FL.	City & State HALLANDALE, FL.
Zip 33009	Country USA
Zip 33009	Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number **13-3007391**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

WOHL, MATTHEW
 25 N FEDERAL HWY
 DANIA FL 33004

7. Name and Address of New Registered Agent

Name **WOHL, MATTHEW**
 Street Address (P.O. Box Number is Not Acceptable)
1912 S. OCEAN DR.
P.H. 1.
 City **HALLANDALE** **FL** Zip Code **33009**

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 *Matthew Wohl*
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/18/02
 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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	STPD WOHL, MATTHEW P.O. BOX 1814 DANIA BEACH FL 33004	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WOHL, TAMARA P.O. BOX 1814 DANIA FL 33004	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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"/> Change <input type="checkbox"/> Addition
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"/> 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: *Matthew Wohl*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/02 954-458-1715
 Date Daytime Phone #

CR2E034 (9/01)