

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 13, 2002 8:00 am**  
**Secretary of State**

03-13-2002 90087 024 \*\*\*\*61.25

**DOCUMENT # 741701**

1. Entity Name

**PEMBROKE TOWERS HOUSING CORPORATION, INC.**

Principal Place of Business

1773 NORTH STATE ROAD 7  
 LAUDERHILL FL 33313

Mailing Address

1773 NORTH STATE ROAD 7  
 LAUDERHILL FL 33313

2. Principal Place of Business

3810 Inverrary Blvd.

3. Mailing Address

3810 Inverrary Blvd.

Suite, Apt. #, etc.

Suite 405

Suite, Apt. #, etc.

Suite 405

City & State  
 Lauderhill, FL

City & State  
 Lauderhill, FL

4. FEI Number **59-1852008**

Applied For  
 Not Applicable

Zip  
 33319

Country  
 USA

Zip  
 33319

Country  
 USA

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

6. Name and Address of Current Registered Agent

**CREGAN, KEVIN**  
 1773 NORTH STATE ROAD 7  
 LAUDERHILL FL 33313

7. Name and Address of New Registered Agent

Name **same as current registered agent**

Street Address (P.O. Box Number is Not Acceptable)  
 3810 Inverrary Blvd.

Suite 405

City **Lauderhill** **FL** **33319**

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 *Kevin Cregan*  
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**3-1-02**

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00** May Be  
 Added to Fees

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete  
 NAME **GUNDERSON, SHANE**  
 STREET ADDRESS **2841 N OCEAN BLVD # 405**  
 CITY-ST-ZIP **HOLLYWOOD FL 33308**

TITLE **D** ☐ Delete  
 NAME **ROBINSON, LENNARD N**  
 STREET ADDRESS **201 S ANDREWS AVE, #201**  
 CITY-ST-ZIP **FORT LAUDERDALE FL 33301**

TITLE **D** ☒ Delete  
 NAME **JEANNE-PHILLIPPE, CAROLYN**  
 STREET ADDRESS **2400 NW 22ND ST D-32**  
 CITY-ST-ZIP **HOLLYWOOD FL 33311**

TITLE **D** ☐ Delete  
 NAME **NELSON, CHARLES C**  
 STREET ADDRESS **944 POLK ST**  
 CITY-ST-ZIP **HOLLYWOOD FL 33019**

TITLE **D** ☐ Delete  
 NAME **EPSTEIN, LEWIS**  
 STREET ADDRESS **2201 N UNIVERSITY DRIVE, #106**  
 CITY-ST-ZIP **PEMBROKE PINES FL 33024**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS **110 NE 3 Street Suite 300**  
 CITY-ST-ZIP **Ft. Lauderdale, FL 33301**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS **(deceased)**  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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 617, 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:

*KEVIN CREGAN*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2-15-02 (954) 739-414X2316**  
 Date Daytime Phone #

CR2E037 (9/01)