

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 748401

1. Entity Name

GRANDVIEW AT EMERALD HILLS, INC.

Principal Place of Business

Mailing Address

% GARY A. POLIAKOFF, ESQ.
3111 STIRLING ROAD
FORT LAUDERDALE FL 33312

% GARY A. POLIAKOFF, ESQ.
3111 STIRLING ROAD
FORT LAUDERDALE FL 33312-6566

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

59-2049981

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

Name

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

City

FL

Zip Code

POLIAKOFF, GARY A.
% BECKER & POLIAKOFF, P.A.
3111 STIRLING ROAD
FORT LAUDERDALE FL 33312

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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 NAME STREET ADDRESS CITY-ST-ZIP	PD FREDERICK, STANLEY 2818 N 46 AVE K587 HOLLYWOOD FL 33021	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD HALPERN, MILTON 2818 N. 46 AVE. K-388 HOLLYWOOD FL 33021	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GOLDSTEIN, DEBBIE 2812 N. 46 AVE., G-265 HOLLYWOOD FL 33021	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASD HAIMS, EDITH 2808 N. 46 AVE., E-352 HOLLYWOOD FL 33021	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ROSEN, LEONARD 2812 N 46TH AVE, #G-570 HOLLYWOOD FL 33021	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Irving Haymes 2806 N. 46 Ave., D-635 Hollywood, FL 33021	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Hank M. Zibman 2818 N. 46 Ave., K-284 Hollywood, FL 33021	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Edith Haims 2808 N. 46 Ave., E-352 Hollywood, FL 33021	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASD Francesca Stone 2806 N. 46 Ave., D-644 Hollywood, FL 33021	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD H. Lee Ross 2804 N. 46 Ave., C-427 Hollywood, FL 33021	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Delete

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 as changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-24-00

954-983-7910

Date

Daytime Phone #

FILED
Jan 31, 2000 8:00 am
Secretary of State

01-31-2000 90011 026 ****61.25



DO NOT WRITE IN THIS SPACE