

# 2002 UNIFORM BUSINESS REPORT (UBR)

0009189 AT

**DOCUMENT # A97000001205**

FILED

02 MAR 11 PM 3:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. Entity Name

**AMBRY HOMES EASTERN, LTD.**

Principal Place of Business

Mailing Address

3501 SW 185TH AVENUE  
MIRAMAR FL 33029

3501 SW 185TH AVENUE  
MIRAMAR FL 33029

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**DUE BY MAY 1, 2002**

4. FEI Number

**NOT APPLICABLE**

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

**MITCHELL, GARY A**  
**3900 BONAVENTURE BLVD.**  
**WESTON FL 33332**

Name

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

**3501 SW 185th Avenue**

City

**MIRAMAR, Florida**

FL

Zip Code

**33029**

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.

DATE \_\_\_\_\_

9. Capital Contributions as Shown on record.

**\$10,000.00**

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE  
SEE REVERSE SIDE FOR FEE INFORMATION

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**  
**NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT #	<b>P93000008426</b>
NAME	<b>PONDAPPLE DEVELOPMENT, INC.</b>
STREET ADDRESS	<b>3501 SW 185TH AVENUE</b>
CITY-STATE-ZIP	<b>MIRAMAR FL 33029</b>
DOCUMENT #	<b>G44686</b>
NAME	<b>MITCOR, INC.</b>
STREET ADDRESS	<b>3501 SW 185TH AVENUE</b>
CITY-STATE-ZIP	<b>MIRAMAR FL 33029</b>
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
DOCUMENT #	
NAME	
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DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

STREET ADDRESS	
CITY-STATE-ZIP	<b>300005108373--8</b>
STREET ADDRESS	<b>-03/14/02--01051--007</b>
CITY-STATE-ZIP	<b>****158.75 ****158.75</b>
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CITY-STATE-ZIP	

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: *X*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

**2-12-02 954-443-4366**

CR2E003 (9/01)

STAPLE CHECK HERE