

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F78311

1. Entity Name

LANDSTAR HOMES, INC.

FILED
Mar 03, 2000 8:00 am
Secretary of State

03-03-2000 90204 023 ***150.00

Principal Place of Business

Mailing Address

550 BILTMORE WAY 1110
CORAL GABLES FL 33134
US

550 BILTMORE WAY 1110
CORAL GABLES FL 33134-5721
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2188904**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

WEISENFELD, JOSEPH J.
550 BILTMORE WAY STE 1120
CORAL GABLES FL 33134

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
PD	STERN, RODOLFO	550 BILTMORE WAY #1110	CORAL GABLES FL	<input type="checkbox"/>
VSD	HORWITZ, ROBERTO (EX)	550 BILTMORE WAY #1110	CORAL GABLES FL	<input type="checkbox"/>
VTD	SERVIANSKY, DAVID (EX)	550 BILTMORE WAY #1110	CORAL GABLES FL	<input type="checkbox"/>
DV	ECKSTEIN, BERNARD	550 BILTMORE WAY #1110	CORAL GABLES FL	<input type="checkbox"/>
VD	STERN, EDUARDO (EX)	550 BILTMORE WAY, #1110	CORAL GABLES FL	<input type="checkbox"/>
V	MORRISEY, WILLIAM	120 FAIRWAY WOODS BLVD	ORLANDO FL 32824-9026	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 info empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RODOLFO STERN
PD

Date

Daytime Phone #

2/11/00 305-461-2440

CR2E034 (9/99)