

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 18, 2003 8:00 am**  
**Secretary of State**

04-18-2003 90129 040 \*\*\*150.00

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**DOCUMENT # F78311**

1. Entity Name  
**LANDSTAR HOMES, INC.**



Principal Place of Business  
**550 BILTMORE WAY 1110  
CORAL GABLES FL 33134  
US**

Mailing Address  
**550 BILTMORE WAY 1110  
CORAL GABLES FL 33134  
US**



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 **59-2188904**

Applied For  
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name **Rosa Eckstein Schechter**  
Street Address (P.O. Box Number is Not Acceptable)  
**550 Biltmore Way, STE 1110**  
City **Coral Gables** FL Zip Code **33134**

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. I am familiar with, and accept the obligations of registered agent.

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

(NOTE: Registered Agent signature required when reinstating)

DATE **4/11/03**

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, without other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**RODOLFO STERN** 4/7/03 (305) 461-2440  
President Date Daytime Phone #

CR2E034 (10/02)