

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G36459

1. Entity Name

BREEZE HAVEN APARTMENTS, INC.

Principal Place of Business

920 SE SECOND AVE
HALLANDALE FL 33009-7136

Mailing Address

2170-D HAVERHILL RD SOUTH
WEST PALM BCH. FL 33415-7308
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

13-3176798

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

BOWE, BARBARA L.
2130A HAVERGILL RD SOUTH
WEST PALM BCH FL 33415

Name
BOWE, BARBARA L.
Street Address (P.O. Box Number is Not Acceptable)
2130A HAVERHILL RD. S.
City
WPB FL Zip Code
33415

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	P	<input type="checkbox"/> Delete
NAME	BUONANNO, VINCENT	
STREET ADDRESS	3605 S OCEAN BLVD	
CITY-ST-ZIP	PALM BEACH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	LIEBOWITZ, EDYTHE	
STREET ADDRESS	CLARIDGE HOUSE II APT 4CW	
CITY-ST-ZIP	VERONA NJ	
TITLE	D	<input type="checkbox"/> Delete
NAME	BIBBY, WILLIAM	
STREET ADDRESS	385 HILLCREST ROAD	
CITY-ST-ZIP	FLEMINGTON NJ	
TITLE	V	<input type="checkbox"/> Delete
NAME	BUONANNO, VINCENT, DR.	
STREET ADDRESS	6 KENILWORTH TERR	
CITY-ST-ZIP	GREENWICH CT	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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	

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****150.00 ****150.00

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 stated 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 applicable, or on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

V. B. Buonanno, President 561-969-7541

CR2E034 (9/99)

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FILED

00 JUL 24 PM 4: 06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE