

2001 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
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 HAVERHILL RD SOUTH
WEST PALM BCH FL 33415

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, 2001 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 ☐ Delete
NAME BUONANNO, VINCENT
STREET ADDRESS 3605 S OCEAN BLVD
CITY-ST-ZIP PALM BEACH FL 33460

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME LIEBOWITZ, EDYTHE
STREET ADDRESS CLARIDGE HOUSE II APT 4CW
CITY-ST-ZIP VERONA NJ 07044

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME 102 BIBBY, WILLIAM
STREET ADDRESS 305 HILLCREST ROAD
CITY-ST-ZIP FLEMINGTON NJ 08822

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE V ☐ Delete
NAME BUONANNO, VINCENT, DR.
STREET ADDRESS 6 KENILWORTH TERR
CITY-ST-ZIP GREENWICH CT 06803

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 like empowered.

SIGNATURE: *UB Buonanno*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

V. Buonanno, Pres.

Date

Daytime Phone #

4-24-01

FILED
May 03, 2001 8:00 am
Secretary of State

05-03-2001 90059 037 ***150.00



DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)