

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 22, 2002 8:00 am**  
**Secretary of State**

07-22-2002 90160 025 \*\*\*150.00

**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**

**80130725**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **13-3176798**

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

**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. 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

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 \$550.00  
After September 13, 2002 Fee will be \$750.00  
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 33480**

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 **BIBBY, WILLIAM**  
STREET ADDRESS **385 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: **BUONANNO, PRESIDENT**

**7/15/02**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/02)

Attachment

HG36459

BREEZEHAVEN APARTMENTS, INC.  
2170D HAVERHILL ROAD SOUTH  
WEST PALM BEACH, FL 33415

(561) 969-7541

JULY 15TH, 2002

FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
P.O. BOX 1500  
TALLAHASSEE, FL 32302-1500

RE: BREEZEHAVEN APARTMENTS INC.  
DOCUMENT #g36459

DEAR SIR/MADAM:

I RECEIVED A SECOND FORM 2002 UBR FOR THIS COMPANY. THE  
ORIGINAL WAS FILED ON 2/28/02 (CHECK NO. 2677) BUT IT HAS  
NOT YET CLEARED. ENCLOSED IS A COPY OF MY CHECK REGISTER.  
I'M SENDING A NEW CHECK (CHECK NO. 2757) AND THE COMPLETED  
FORM.

I HOPE THIS WILL STRAIGHTEN OUT THIS SITUATION.

PLEASE ADVISE.

THANK YOU.

YOURS TRULY,

B. Bowe

B. BOWE, REGISTERED AGENT

ENCLOSURES - FORM AND CHECK

Attachment

H636459

2677			
DATE	2/28/05		
TO	Dept of State		
FOR	2002 UBN		
	TOTAL		
	THIS CHECK	150	-
	OTHER TRANS. +/-		
TAX DEDUCTIBLE <input type="checkbox"/>	BALANCE		