

2002 UNIFORM BUSINESS REPORT-(UBR)

FILED
Feb 20, 2002 8:00 am
Secretary of State

02-20-2002 90076 017 ***150.00

DOCUMENT # K32303

Entity Name
DEERWOOD ESTATES, INC.

Principal Place of Business
% CARL LUNETTA
600 SW 98TH TERRACE
PEMBROKE PINES FL 33025

Mailing Address
% CARL LUNETTA
600 SW 98TH TERRACE
PEMBROKE PINES FL 33025

00043733



DO NOT WRITE IN THIS SPACE

Principal Place of Business		3. Mailing Address		4. FEI Number 65-0069693		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
LUNETTA, CARL 600 SW 98TH TERRACE PEMBROKE PINES FL 33025				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City FL Zip Code			

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 _____ (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) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	D LUNETTA, CARL	600 SW 98TH TERRACE	PEMBROKE PINES FL				
	D LUNETTA, CARMEN	600 SW 98TH TERRACE	PEMBROKE PINES FL				

3. 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: *Carl LUNETTA* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

Date **2/5/02** Daytime Phone # **(305) 829-4621**

01/20/02 4:59 AM
 CR2E034 (9/01)