

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Mar 26, 2002 8:00 am
Secretary of State

03-26-2002 90097 042 ****50.00

DOCUMENT # L00000008337

1. Entity Name

PORTEN CUSTOM HOMES, L.C.

Principal Place of Business

**666 S. MILITARY TRL.
DEERFIELD BEACH FL 33442**

Mailing Address

**666 S. MILITARY TRL.
DEERFIELD BEACH FL 33442****933609**

DO NOT WRITE IN THIS SPACE

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

65-1023953**APPLIED FOR**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$5.00** Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORPCO, INC.
2699 SOUTH BAYSHORE DRIVE, 7TH FLOOR
MIAMI FL 33133**

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME**PD
PORTEN, SCOTT B
666 S. MILITARY TRL.
DEERFIELD BEACH FL 33442**☐ DeleteTITLE
NAMESTREET ADDRESS
CITY-ST-ZIP☐ Change ☐ Addition

CITY-ST-ZIP

TITLE
NAME**VP
COREN, GEORGE J
666 S. MILITARY TRL.
DEERFIELD BEACH FL 33442**☐ DeleteTITLE
NAMESTREET ADDRESS
CITY-ST-ZIP☐ Change ☐ Addition

CITY-ST-ZIP

TITLE
NAME☐ DeleteTITLE
NAMESTREET ADDRESS
CITY-ST-ZIP☐ Change ☐ Addition

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11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

954-
2/28/02 **422-1883**
Date Daytime Phone #

CR2E083 (9/01)