

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # M56607

1. Corporation Name  
LENNAR CAPITAL SERVICES, INC.

Principal Place of Business

760 NW 107TH AVE  
MIAMI FL 33172  
US

Mailing Address

760 NW 107TH AVE  
MIAMI FL 33172  
US

FILED  
Apr 29, 1999 8:00 am  
Secretary of State

04-29-1999 90247 011 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/03/1987

4. FEI Number

65-0006403

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.  
22 SUITE 300

26 Suite, Apt. #, etc.  
27 SUITE 300

23 City & State

28 City & State

24 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

RUBIN, SHELLY  
760 NW 107TH AVE  
MIAMI FL 33172

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	CEO	<input type="checkbox"/> DELETE
NAME	SAIONTZ, STEVEN J.	
STREET ADDRESS	760 NW 107TH AVE	
CITY-ST-ZIP	MIAMI FL 33172	
TITLE	V	<input type="checkbox"/> DELETE
NAME	RUBIN, SHELLY	
STREET ADDRESS	760 NW 107TH AVE	
CITY-ST-ZIP	MIAMI FL 33172	
TITLE	DC	<input type="checkbox"/> DELETE
NAME	MILLER, STUART A.	
STREET ADDRESS	760 NW 107TH AVE	
CITY-ST-ZIP	MIAMI FL 33172	
TITLE	T	<input type="checkbox"/> DELETE
NAME	JORDAN, MARGARET	
STREET ADDRESS	760 NW 107TH AVE	
CITY-ST-ZIP	MIAMI FL 33172	
TITLE	P	<input type="checkbox"/> DELETE
NAME	KRASNOFF, JEFFREY P.	
STREET ADDRESS	760 NW 107TH AVE	
CITY-ST-ZIP	MIAMI FL 33172	
TITLE	AS	<input checked="" type="checkbox"/> DELETE
NAME	MCMICKLE, J. T.	
STREET ADDRESS	760 NW 107TH AVE	
CITY-ST-ZIP	MIAMI FL 33172	

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	Suite 314
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	Suite 300
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	700 NW 107TH AVE
3.4 CITY-ST-ZIP	Suite 300
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	Suite 300
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	Suite 300
5.4 CITY-ST-ZIP	
6.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	A.S. ARNETT, PETA-GAY
6.3 STREET ADDRESS	Suite 300
6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

MARGARET JORDAN, TREASURER

Date

Daytime Phone #

CR2E034 (11/98)