

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 03, 2000 8:00 am**  
**Secretary of State**

03-03-2000 90245 043 \*\*\*\*70.00

DOCUMENT # N93000002570

1. Entity Name: **LENNAR HOMES @ Lago Mar hoa, inc.**

Principal Place of Business

Mailing Address

2. Principal Place of Business  
**Courtesy Prop. Mgmt**

3. Mailing Address  
**same as principal**

Suite, Apt. #, etc.  
**13250 SW 135 Avenue**

Suite, Apt. #, etc.

City & State  
**miami fl**

City & State

4. FEI Number  
**65-0437033**

Applied For  
 Not Applicable

Zip  
**33186**

Country  
**dade**

Zip

Country

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

*A0025408*

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SKLRD**  
**201 Alhambra Cir. Ste 1102**  
**Coral Gables FL 33134**

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 \$450.00 + \$70.00**  
**After MAY 1, 2000 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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jay Reichbaum	NAME	
STREET ADDRESS	15831 SW 80 Lane	STREET ADDRESS	
CITY-ST-ZIP	miami fl 33193	CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ellen Raskin	NAME	
STREET ADDRESS	8105 SW 158 Pl	STREET ADDRESS	
CITY-ST-ZIP	Miami fl 33193	CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Frank Irizarry	NAME	
STREET ADDRESS	8031 SW 158 Pl	STREET ADDRESS	
CITY-ST-ZIP	Miami fl 33193	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Mario Vazquez	NAME	
STREET ADDRESS	8064 SW 158 Ct	STREET ADDRESS	
CITY-ST-ZIP	Miami fl 33193	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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:

*Jay Reichbaum*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)