

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000015899

1. Entity Name

CENTERLINE HOMES AT PEMBROKE SHORES II, INC.

**FILED**  
**Mar 20, 2001 8:00 am**  
**Secretary of State**

03-20-2001 90032 021 \*\*\*150.00

0139503

Principal Place of Business

12534 WILES ROAD  
CORAL SPRINGS FL 33076

Mailing Address

12534 WILES ROAD  
CORAL SPRINGS FL 33076

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

65-0983693

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

LARRY A. ROTHENBERG, P.A.  
900 NORTH FEDERAL HIGHWAY  
SUITE 460  
BOCA RATON FL 33432

7. Name and Address of New Registered Agent

Name

Kipnis Tescher Lippman + Valinsky, P.A.  
Street Address (P.O. Box Number is Not Acceptable)

100 Northeast Third Avenue

Suite 610

City

Fort Lauderdale

FL

Zip Code

33301

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 file 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 \$150.00**  
**After MAY 1, 2001 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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
PERRY, CRAIG S  
12534 WILES ROAD  
CORAL SPRINGS FL 33076 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
MARGOLIS, STEPHEN  
12534 WILES ROAD  
CORAL SPRINGS FL 33076 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
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CITY-ST-ZIP  
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STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)