

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 19, 2001 8:00 am**  
**Secretary of State**

03-19-2001 90468 021 \*\*\*150.00

**DOCUMENT # P00000037700**

1. Entity Name

**CENTERLINE HOMES AT SILVER LAKES, INC.**

Principal Place of Business

**12534 WILES RD  
 CORAL SPRINGS FL 33076**

Mailing Address

**12534 WILES RD  
 CORAL SPRINGS FL 33076**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

**65-1001961**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**LARRY A ROTHENBERG, P.A.  
 900 N FEDERAL HWY, 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.

**Kipnis Tescher Lippman Valinsky, P.A.**

SIGNATURE

*by: Howard Tescher, President*

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

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Craig S Perry*

*2/24/01*

Date

Daytime Phone #

**954-314-8040**

CR2E034 (10/00)