2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P00000037700 DOCUMENT

1. Entity Name

CENTERLINE HOMES AT SILVER LAKES, INC.



Apr 30, 2003 8:00 am Secretary of State 04-30-2003 90165 011 ***150.00

Principal Place 12534 WILES R CORAL SPRING	ID .	Mailing Address 12534 WILES RD CORAL SPRINGS FL 330)76			1 (880)8882 101 88001 88001 88001 88001 88001	16:18 (11:1) (1 8: 1) (1	1811 BRISH BRIL IBBI	
2. Principal Pl	ace of Business	3. Mailing Address							
Suite, Apt. #	#, etc.	Suite, Apt. #, etc. City & State				CHECK HERE IF MAKING CHANGES			
City & State	,				4.	65-1001061		Applied For	
Zip Country		Zip Country		try	5.	Certificate of Status Desired	\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent				
				Name					
KIPNIS TESCHER LIPPMAN & VALINSKY PA 100 NE THIRD AVE				Street Addre	ss (P.O. B	s (P.O. Box Number is Not Acceptable)			
STE 610 FORT LAUDERDALE FL 33301				City	FL Zip Code				
FII After	Signature, typed or printed name of registered agent LE NOW!!! FEE IS \$150.00 May 1, 2003 Fee will be \$550.00 Payable to Florida Department of		TE: Registere	d Agent signature req	uired when re	9. Election Campaign Financing Trust Fund Contribution.		5.00 May Be	
10.	OFFICERS AND	(11.		ΑΓ	DITIONS/CHANGES TO OFFICERS	AND DIRECT	ORS IN 11	
TITLE NAME STREET ADDRESS	D Perry, Craig S 12534 Wiles RD Coral Springs FL 33076	☐ Delete	TITLE NAM STRE	1		<u> </u>	Char		
TITLE NAME STREET ADDRESS	D MARGOLIS, STEPHEN I 12534 WILES RD CORAL SPRINGS FL 33076	☐ Delete	TITLE NAM STRE				☐ Char	nge 🔲 Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete					Char	nge Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAMI STRE			1	Char	ige Addition	
TITLE	<u> </u>	Delete	TITLE			<u> </u>	Chan	ge 🔲 Addition	

12. 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 eath; that I am an officer or director of the corporation or the receiver or trustee empowered by execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

SIGNATU KLESTINED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Delete

Change

☐ Addition