

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000054910

1. Entity Name

LUXURY ESTATES, INC.

FILED

Jan 30, 2001 8:00 am
Secretary of State

01-30-2001 90225 029 ***158.75

Principal Place of Business

Mailing Address

13790 N.W. 4TH STREET, SUITE 106
SUNRISE FL 33325

13790 N.W. 4TH STREET, SUITE 106
SUNRISE FL 33325

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

65-1014434

Applied For

Not Applicable

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

FILINGS, INC.

3732 N.W. 16TH STREET

FT. LAUDERDALE FL 33311-4132

Name

Brett M. Zaroff

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

13790 NW 4th Street, Suite 106

City

Sunrise

FL

Zip Code

33325

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

Brett M. Zaroff President

1/24/2001

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 \$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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D
NAME ZAROFF, BRETT
STREET ADDRESS 13790 N.W. 4TH STREET, SUITE 106
CITY-ST-ZIP SUNRISE FL 33325

☐ Delete

TITLE D
NAME POSNER, GARY
STREET ADDRESS 13790 N.W. 4TH STREET, SUITE 106
CITY-ST-ZIP SUNRISE FL 33325

☒ Delete

TITLE
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TITLE P/C/V/T/S
NAME ZAROFF, BRETT M.
STREET ADDRESS 13790 NW 4th Street, Suite 106
CITY-ST-ZIP Sunrise, FL 33325

☒ Change

☐ Addition

TITLE
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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:

Brett M. Zaroff Pres 1/24/2001 954-845-9200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)