

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2002 8:00 am
Secretary of State

03-13-2002 90022 019 ***150.00

009132



DO NOT WRITE IN THIS SPACE

DOCUMENT # P00000100626 1. Entity Name MARK TIMOTHY PRESTIGE HOMES, INC.																															
Principal Place of Business 33 SE 5TH ST BOCA RATON FL 33432		Mailing Address 33 SE 5TH ST BOCA RATON FL 33432																													
2. Principal Place of Business 41 SE Fifth St Suite, Apt. #, etc. 2nd Floor City & State Boca Raton FL Zip 33432 Country USA		3. Mailing Address 41 SE Fifth St Suite, Apt. #, etc. 2nd Floor City & State Boca Raton FL Zip 33432 Country USA																													
4. FEI Number 65-1082663		Applied For <input type="checkbox"/> Not Applicable																													
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																															
6. Name and Address of Current Registered Agent GERSHON, HOLLY G ESQ 1489 W. PALMETO PARK RD BOCA RATON FL 33486		7. Name and Address of New Registered Agent 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 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>																															
9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. <input type="checkbox"/> (See criteria on back)		FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State																													
10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																															
11. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP D PULTE, MARK 33 SE 5TH ST BOCA RATON FL 33432 </td> <td style="width:50%; text-align: right;"> <input type="checkbox"/> Delete </td> </tr> <tr><td> </td><td style="text-align: right;"> </td></tr> <tr><td> </td><td style="text-align: right;"> </td></tr> <tr><td> </td><td style="text-align: right;"> </td></tr> <tr><td> </td><td style="text-align: right;"> </td></tr> <tr><td> </td><td style="text-align: right;"> </td></tr> <tr><td> </td><td style="text-align: right;"> </td></tr> </table>		TITLE NAME STREET ADDRESS CITY-ST-ZIP D PULTE, MARK 33 SE 5TH ST BOCA RATON FL 33432	<input type="checkbox"/> Delete													12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP 41 SE Fifth St, 2nd Floor Boca Raton FL 33432 </td> <td style="width:50%; text-align: right;"> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr><td> </td><td style="text-align: right;"> </td></tr> <tr><td> </td><td style="text-align: right;"> </td></tr> <tr><td> </td><td style="text-align: right;"> </td></tr> <tr><td> </td><td style="text-align: right;"> </td></tr> <tr><td> </td><td style="text-align: right;"> </td></tr> <tr><td> </td><td style="text-align: right;"> </td></tr> </table>		TITLE NAME STREET ADDRESS CITY-ST-ZIP 41 SE Fifth St, 2nd Floor Boca Raton FL 33432	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition												
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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 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																															

CR2E034 (9/01)

601 272 6852