

2001 UNIFORM BUSINESS REPORT (UBR)**FILED**
Mar 21, 2001 8:00 am
Secretary of State

03-21-2001 90045 017 ***158.75

0109837

DOCUMENT # P00000102081**1. Entity Name**

SIGNATURE HOMES OF DAVIE, INC.

Principal Place of Business9050 PINES BOULEVARD
SUITE 110
PEMBRPKE PINES FL 33024**Mailing Address**9050 PINES BOULEVARD
SUITE 110
PEMBRPKE PINES FL 33024**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

65-1076955

Applied For

Not Applicable

5. Certificate of Status Desired☒**\$8.75 Additional
Fee Required****6. Name and Address of Current Registered Agent**SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134**7. Name and Address of New Registered Agent**

Name

NEAL SKLAR

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

2500 Weston Road Suite 313

City

FT. Lauderdale

FL

Zip Code

33331

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3/12/01

**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 PD
NAME CAMET, EDUARDO ☐ Delete
STREET ADDRESS 9050 PINES BOULEVARD SUITE 110
CITY-ST-ZIP PEMBRPKE PINES FL 33024TITLE STD
NAME BLESSING, DAVID C ☐ Delete
STREET ADDRESS 9050 PINES BOULEVARD SUITE 110
CITY-ST-ZIP PEMBRPKE PINES FL 33024TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**12.****ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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

DAVID C BLESSING

Date

2/28/01

Daytime Phone #

954-438-7755

CR2E034 (10/00)