

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 08, 2002 8:00 am**  
**Secretary of State**

05-08-2002 90087 048 \*\*\*150.00

DOCUMENT # P00000115388

1. Entity Name

W/B LENNAR CORPORATE CENTER CORP.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

2665 SOUTH BAYSHORE DRIVE

3. Mailing Address

2665 SOUTH BAYSHORE DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#1002

#1002

City & State

MIAMI, FL 33133

City & State

MIAMI, FL

4. FEI Number

65-1068224

Applied For

Not Applicable

Zip

33133

Country

DADE

Zip

33133

Country

DADE

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

7. Name and Address of Current Registered Agent

Name

SCHATZ, RICHARD E

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

2200 MUSEUM TOWER

150 WEST FLAGLER STREET

City

MIAMI

FL

Zip Code

33130

**DO NOT WRITE  
IN THIS SPACE**

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**January 1 - May 1 Fee is \$150.00**  
**After May 1, Fee is \$550.00**  
**Amended UBR is \$61.25**  
**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

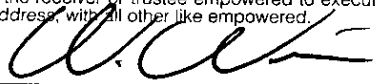
TITLE	D	TITLE	
NAME	WARREN P. WEISER	NAME	
STREET ADDRESS	2665 SOUTH BAYSHORE DRIVE	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33133	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
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NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE:



WARREN P. WEISER

4/26/02

305-854-7342

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #