

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000073000

1. Entity Name

CREATIVE CHOICE HOMES XXI, INC.

Principal Place of Business

4243-D NORTHLAKE BOULEVARD  
PALM BEACH GARDENS FL 33410

Mailing Address

4243-D NORTHLAKE BOULEVARD  
PALM BEACH GARDENS FL 33410

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

BAROT, DILIP

4243 NORTHLAKE BLVD., SUITE D  
PALM BEACH GARDENS FL 33410

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

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, 2002 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 BAROT, DILIP  
STREET ADDRESS 4243-D NORTHLAKE BOULEVARD  
CITY-ST-ZIP PALM BEACH GARDENS FL 33410 ☐ Delete

TITLE V  
NAME WEIR, JOHN F SR.  
STREET ADDRESS 4243-D NORTHLAKE BOULEVARD  
CITY-ST-ZIP PALM BEACH GARDENS FL 33410 ☐ Delete

TITLE V  
NAME WHEAT, TIMOTHY P  
STREET ADDRESS 4243 NORTHLAKE BLVD.  
CITY-ST-ZIP PALM BEACH GARDENS FL 33410 ☐ Delete

TITLE S  
NAME KAKKAR, YASH PAL  
STREET ADDRESS 4243 NORTHLAKE BLVD.  
CITY-ST-ZIP PALM BEACH GARDENS FL 33410 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition  
8000005194538--6  
-04/05/02--01022--001

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition  
\*\*\*158.75 ☐ Change ☐ Addition  
BK

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
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

Yash Pal Kakkar, Secretary

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/17/02 (561) 627-7988

FILED  
02 MAR 27 PM 5:28  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

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