## 2002 UNIFORM BUSINESS REPORT (UBR)

## **FILED** May 12, 2002 8:00 am § Secretary of State DOCUMENT # P01000073723 1. Entity Name 05-12-2002 90661 025 \*\*\*150.00 G.L. HOMES OF BOYNTON BEACH X CORPORATION Principal Place of Business Mailing Address 1401 UNIVERSITY DR STE 200 1401 UNIVERSITY DR STE 200 CORAL SPRINGS FL 33071 CORAL SPRINGS FL 33071 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-1124367 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Grant, Mark F Street Address (P.O. Box Number is Not Acceptable) 200 E BROWARD BLVD 15 FL FT LAUDERDALE FL 33301 City 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Added to Fees Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE TITLE ☐ Change ☐ Addition Itzhak Ezratti NAME NAME 1401 University Drive, Suite 200 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Coral Springs, FL CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition Richard M. Norwalk NAME NAME STREET ADDRESS 1401 University Drive, Suite 200 STREET ADDRESS CITY-ST-7IP Coral Springs, FL 33071 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME Richard A. Costello NAME 1401 University Drive, Suite 200 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Coral Springs, FL 33071 CITY-ST-7IP VAS ☐ Delete TITLE Change ☐ Addition NAME Alan J. Fant NAME STREET ADDRESS 1401 University Drive, Suite 200 STREET ADDRESS CITY-ST-ZIP Coral Springs, FL 33071 CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME Paul Corban NAME STREET ADDRESS 1401 University Drive, Suite 200 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Coral Springs, FL 33071 TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS

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.

STREET ADDRESS

CITY-\$T-ZIP

SIGNATURE:

CITY-ST-7IP

CXI SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/02