

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

FILED
Jun 11, 2002 8:00 am
Secretary of State

06-11-2002 90391 048 ***550.00

DOCUMENT # **P05014**

1. Entity Name

Prudential Homes Corporation, Inc

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

200 Summitt Lake Dr.

3. Mailing Address

213 Washington St

Suite, Apt. #, etc.

TAX DEPT.

Suite, Apt. #, etc.

8th Fl. - Tax Dept

City & State

Valhalla, NY

City & State

Newark, NJ

Zip

10595

Country

USA

Zip

07102

Country

4. FEI Number

13-2876884

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name **CT Corporation System**

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

1200 South Pine Island Road

City

Plantation

FL

Zip Code

33324

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 re-registering)

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 **Asst Comptroller**
NAME **Campem, David**
STREET ADDRESS **213 Washington St., Newark, NJ 07102**
CITY-ST-ZIP

TITLE **Treasurer**
NAME **Chaplin, Charles E.**
STREET ADDRESS **751 Broad St**
CITY-ST-ZIP **Newark, NJ 07102-3777**

TITLE **Asst Comptroller**
NAME **Chotiner, Martin P.**
STREET ADDRESS **213 Washington St., Newark, NJ**
CITY-ST-ZIP **07102**

TITLE **RVP**
NAME **Franzetta, Paul D**
STREET ADDRESS **3333 Michelson Dr**
CITY-ST-ZIP **Irvine, CA 92612**

TITLE **Asst Comptroller**
NAME **Fiore, Dominic**
STREET ADDRESS **213 Washington St**
CITY-ST-ZIP **Newark, NJ 07102-2592**

TITLE **Asst Comptroller**
NAME **Parlou, Janice**
STREET ADDRESS **213 Washington St**
CITY-ST-ZIP **Newark, NJ 07102-2592**

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**DO NOT WRITE
IN THIS SPACE**

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:

Dominic Fiore, Dominic Fiore, Asst. Compt.

Date

7/23/02

Daytime Phone #

CR2E034B (12/01)