

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2007 8:00 am
Secretary of State

05-04-2007 90101 009 ***150.00

DOCUMENT # P06000066738

1. Entity Name
BETTER HOMES & BUNGALOWS INC.



Principal Place of Business
**8900 NORTH ARMENIA AVE #216
TAMPA, FL 33604**

Mailing Address
**8900 NORTH ARMENIA AVE #216
TAMPA, FL 33604**

40106318



04242007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

265-08-1322

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PSD
OPPENHEIM, STEVE
8900 NORTH ARMENIA AVE #216
TAMPA, FL 33604** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VT
WERNICK, JEFFREY
8900 NORTH ARMENIA AVE #216
TAMPA, FL 33604** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

STEVE OPPENHEIM
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/2007 813 417-5353
Date Daytime Phone #



ATTACHMENT
40106318
Division of Corporations

Annual Report

Annual Report Help

Document Number

P06000066738

Business Entity Name

BETTER HOMES & BUNGALOWS INC.

FEI Number

265081322

FEI Number Status

☒ Listed Above ☐ Applied For ☐ Not Applicable

Certificate of Status Desired

☐ Yes ☒ No \$8.75 each

Election Campaign Financing Trust Fund Contribution ☐ Yes ☒ No

Principal Place of Business

Address **8900 NORTH ARMENIA AVE #216**
Suite, Apt. #, etc.
City, State **TAMPA**, **FL**
Zip Code & Country **33604**

Mailing Address

Address **8900 NORTH ARMENIA AVE #216**
Suite, Apt. #, etc.
City, State **TAMPA**, **FL**
Zip Code & Country **33604**

Name and Address of Registered Agent

Name (Last, First, Middle, Title)

- OR -

Business to serve as RA

SPIEGEL & UTRERA, P.A.

Address (PO Box is not acceptable) **1840 SW 22ND ST.**

Suite, Apt. #, etc. **4TH FLOOR**

City, State **MIAMI**, **FL**

Zip Code & Country **33145** **US**

If there is a change in registered agent, the new agent will need to type their name in the 'Registered Agent Signature' block below to accept the designation of registered agent. RA signature must be an individual name. If the RA is a business

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entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06, Florida Statutes.

Officer/Director Name and Address

Our database can hold up to 6 officers/directors. If more than 6 officers/directors need to be made a part of the record, you cannot file the annual report online. You will need to download an annual report and list the additional officers/directors, title(s), name, and address on an attachment.

Title PSD
Name (Last, First, Middle, Title) OPPENHEIM, STEVE

- OR -

Entity Name to serve as
Officer/Director

Street Address 8900 NORTH ARMENIA AVE #216
City, State TAMPA, FL
Zip Code & Country 33604

Title VT
Name (Last, First, Middle, Title) WERNICK, JEFFREY

- OR -

Entity Name to serve as
Officer/Director

Street Address 8900 NORTH ARMENIA AVE #216
City, State TAMPA, FL
Zip Code & Country 33604

Title
Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as
Officer/Director

Street Address
City, State
Zip Code & Country

Title

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Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as
Officer/Director

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as
Officer/Director

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as
Officer/Director

Street Address

City, State

Zip Code & Country

An individual named above or an individual signing on behalf of an entity named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Title

Officer/Director Signature

Handwritten signature

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes **forgery** under s.831.06, Florida Statutes. The individual "signing" this document affirms that the facts stated herein are true.

Continue

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