

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P19408

1. Entity Name

BEZTAK HOMES, INC.

FILED
May 18, 2000 8:00 am
Secretary of State

05-18-2000 90300 043 ***150.00

Principal Place of Business

Mailing Address

31731 NORTHWESTERN HWY.
 STE. 250W
 FARMINGTON HILLS MI 48334
 US

31731 NORTHWESTERN HWY.
 STE. 250W
 FARMINGTON HILLS MI 48334-1668
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **38-2807619**

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

LUPTAK, PAOLA M
 2295 CORPORATE BLVD. NW
 STE 240
 BOCA RATON FL 33431

Name

Street ~~Luptak, Paola M~~ (Number is Not Acceptable)

4700 NW Boca Raton Blvd

4th Floor

City

Boca Raton, FL 33431

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 PSD
 HALL, RONALD F
 31731 NORTHWESTERN HWY, STE. 250W
 FARMINGTON HILLS MI ☐ Delete

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

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☐ 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)