

2000 UNIFORM BUSINESS REPORT (UBR)

0353698

DOCUMENT # P93000003830

1. Entity Name
ENGLE HOMES/BROWARD, INC.

FILED

00 MAR 24 AM 10:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business		Mailing Address	
123 NORTHWEST 13TH STREET SUITE 300 BOCA RATON FL 33432		123 NORTHWEST 13TH STREET SUITE 300 BOCA RATON FL 33432-1624	
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	65-0389397	Applied For	
		Not Applicable	
5. Certificate of Status Desired		XX	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SHAPIRO, DAVID
123 N.W. 13TH STREET
STE. 300
BOCA RATON FL 33432

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 _____ (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

TITLE	VD	<input type="checkbox"/> Delete
NAME	ENGELSTEIN, ALEC	
STREET ADDRESS	123 NW 13TH STREET, SUITE 300	
CITY-ST-ZIP	BOCA RATON FL 33432	
TITLE	PD	<input type="checkbox"/> Delete
NAME	ENGELSTEIN, HARRY	
STREET ADDRESS	123 NW 13TH STREET, SUITE 300	
CITY-ST-ZIP	BOCA RATON FL 33432	
TITLE	DV	<input type="checkbox"/> Delete
NAME	KRAYNICK, JOHN A	
STREET ADDRESS	123 NW 13TH STREET, SUITE 300	
CITY-ST-ZIP	BOCA RATON FL 33432	
TITLE	VSTD	<input type="checkbox"/> Delete
NAME	SHAPIRO, DAVID	
STREET ADDRESS	123 NW 13TH STREET	
CITY-ST-ZIP	BOCA RATON FL 33432	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	YUTER, RONALD L.	
STREET ADDRESS	13160 TAFT STREET	
CITY-ST-ZIP	PEMBROKE PINES, FL 33028	
TITLE	VD	XX Change <input type="checkbox"/> Addition
NAME	ENGELSTEIN, HARRY	
STREET ADDRESS	123 NW 13TH ST. SUITE 300	
CITY-ST-ZIP	BOCA RATON, FL 33432	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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, and 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: _____ John A. Kraynick, V.P. 561-391-4012

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

03/24/1999