

2002 UNIFORM BUSINESS REPORT (UBR)

03/7/00 AV

DOCUMENT # P93000003830

1. Entity Name
ENGLE HOMES/BROWARD, INC.

Principal Place of Business
123 NORTHWEST 13TH STREET
SUITE 300
BOCA RATON FL 33432

Mailing Address
123 NORTHWEST 13TH STREET
SUITE 300
BOCA RATON FL 33432

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 ☒ \$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
JOHN A. KRAYNICK
Street Address (P.O. Box Number is Not Acceptable)
123 NW 13TH ST. SUITE 300
City BOCA RATON FL Zip Code 33432

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  JOHN A. KRAYNICK, VICE PRESIDENT 2-11-02
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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP | VD ENGELSTEIN, ALEC 123 NW 13TH STREET, SUITE 300 BOCA RATON FL 33432 <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V ENGELSTEIN, HARRY 123 NW 13TH STREET, SUITE 300 BOCA RATON FL 33432 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DV KRAYNICK, JOHN A 123 NW 13TH STREET, SUITE 300 BOCA RATON FL 33432 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VSTD SHAPIRO, DAVID 123 NW 13TH STREET, STE. 300 BOCA RATON FL 33432 <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P YUTER, RONALD L 123 NORTHWEST 13TH STREET, STE. 300 BOCA RATON FL 33432 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DV MCADEN, TOMMY L 123 NORTHWEST 13TH STREET, STE. 300 BOCA RATON FL 33432 <input type="checkbox"/> Delete |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DV MON, ANTONIO B. 4000 HOLLYWOOD BLVD. SUITE 500-N HOLLYWOOD, FL 33021 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VST LEIKERT, PAUL 123 NW 13TH ST, SUITE 300 BOCA RATON, FL 33432 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | 000005022350-2 -02/26/02--01091--011 ****158.75 ****158.75 <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> 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 and other like empowered.

SIGNATURE:  Harry Engelstein, V.P. 2-11-02 561-391-4012
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED
02 FEB 12 AM 9:16

SECRETARY OF STATE



DO NOT WRITE IN THIS SPACE

CR2E034 (9/01)