

2002 UNIFORM BUSINESS REPORT (UBR)

0199743 AV

DOCUMENT # P93000016821

1. Entity Name
RESPECT HOME BUILDERS, INC.

FILED

02 OCT 18 AM 10:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

80 SW 8TH STREET
SUITE 2120
MIAMI FL 33130

Mailing Address

80 SW 8TH STREET
SUITE 2120
MIAMI FL 33130

2. Principal Place of Business

13643 DEERING BAY DRIVE
Suite, Apt. #, etc.
PH 165

3. Mailing Address

13643 DEERING BAY DRIVE
Suite, Apt. #, etc.
PH 165

City & State

CORAL GABLES, FL

City & State

CORAL GABLES, FL

Zip

33158

Country

USA

Zip

33158

Country

USA

4. FEI Number

65-0396829

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WINDHORST, KENT A
80 SW 8TH STREET
SUITE 2120
MIAMI FL 33130

7. Name and Address of New Registered Agent

Name

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

1450 MASARUA AVENUE

SUITE 400

City

CORAL GABLES

FL

Zip Code

33146

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

Kent A. Windhorst KENT A. WINDHORST

10/10/02

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 P ☐ Delete
NAME WEAVER, DAVID R
STREET ADDRESS 13643 DEERING BAY DR. #165
CITY-ST-ZIP CORAL GABLES FL 33130

TITLE VPD ☐ Delete
NAME WEAVER, DOROTHY C
STREET ADDRESS 13643 DEERING BAY DR. #165
CITY-ST-ZIP CORAL GABLES FL 33130

TITLE VPST ☐ Delete
NAME WINDHORST, KENT A
STREET ADDRESS 80 SW 8TH STREET, #2120
CITY-ST-ZIP MIAMI FL 33130

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME 8000009119358
STREET ADDRESS 11/20/02-01082-013-***750.00
CITY-ST-ZIP

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

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 1450 MASARUA AVENUE, SUITE 400
CITY-ST-ZIP CORAL GABLES, FL. 33146

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

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

TITLE ☐ Change ☐ 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. 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:

Kent A. Windhorst KENT A. WINDHORST

10/10/02

305-666-3639

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)