

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000047505

1. Entity Name

CAPITAL TRANSFER CORPORATION

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAR 30 PM 12:06

Principal Place of Business

Mailing Address

2050 E. OAKLAND PARK BLVD.
#209
FT. LAUDERDALE, FL 33306

2050 E. OAKLAND PARK BLVD.
#209
FT. LAUDERDALE FL 33306-1121



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0430526

Applied For

Not Applicable

Zip

Country

Zip

Country

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

O'DONNELL, MICHAEL A
2050 E. OAKLAND PARK BLVD
SUITE 209
FORT LAUDERDALE FL 33306

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

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	PSTD MEYER, LUKE 2050 E. OAKLAND PARK BLVD., STE 209 FORT LAUDERDALE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
8000003198889- -3 -04/06/00--01096--005 *****150.00 *****150.00		
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
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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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/27/00

Date

954-561-0700

Daytime Phone #

CR2E034 (9/99)

*This page must accompany
the Reinstatement form*

*Pg. 2
Attachment*

GENEREAL HOME BUILDERS CORP.

State Cert. General Contractors
2800 N.E. 11th Ave. Pompano Beach, Fl. 33064
954-941-2529 1-800-304-0181
Lic. #CGC-011376

Florida Dept. of State
Division of Corporation
P.O. Box 6327
Tallahassee, Fla. 32314
Attention: Tyrone Scott

Sir:

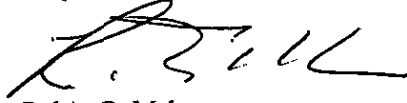
Recently when I applied for workman's compensation Exemption, I was informed that General Home Builders Corporation had been dissolved by the State of Florida for non-filing of its annual report in 1997.

I, as president of General Home Builders Corporation, was not notified by the state or anyone else of this matter. Upon checking, it was determined that we never received the annual report form from the State and thereby could not have filed it as required.

I therefore respectfully request that our charter be reinstated and that subsequent years be waived.

Enclosed is a check for \$465.00 as requested by you per our telephone conversation on September 22, 1999.

Respectfully yours,



Robert R. McKee
President

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. Pg 1082

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAR 30 AM 10:13

DOCUMENT # N98000005359

1. Corporation Name

BILTMORE PLAZA CONDOMINIUM ASSOCIATION INC.

2. Principal Office Address

1742 S.W. BILTMORE ST.

Suite, Apt. #, etc.

BOX #7

City & State

PORT ST. LUCIE, FLORIDA

Zip

34984

Country

U.S.

3. Mailing Office Address

1742 S.W. BILTMORE ST.

Suite, Apt. #, etc.

Box #7

City & State

PORT ST. LUCIE, FL.

Zip

34984

Country

U.S.

4. Date Incorporated or Qualified
To Do Business in Florida

SEPT. 17, 1998

5. FEI Number

65-0872809

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

CHERYL BLUE

700003198877-0

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

1748 S.W. BILTMORE STREET

04/06/00 01035-002

****122.50 ****122.50

Suite, Apt. #, Etc.

Box #7

City

PORT ST. LUCIE,

State

FL

Zip Code

34984

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Cheryl Blue

REGISTERED AGENT MUST SIGN

Date 3/22/00

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	DAVID LEE	1742 S.W. BILTMORE ST.	PORT ST. LUCIE FL 34984
VP	STEVE DiBENEDETTO	1746 S.W. BILTMORE ST.	PORT ST. LUCIE FL 34984
S T	CHERYL BLUE	1748 S.W. BILTMORE ST.	PORT ST. LUCIE FL 34984
D	HARRY BLUE	1748 S.W. BILTMORE ST.	PORT ST. LUCIE FL 34984
D	JOHN FOSSATI	1748-A S.W. BILTMORE ST.	PORT ST. LUCIE FL 34984
D	BARBARA LEE	1742 S.W. BILTMORE ST.	PORT ST. LUCIE FL 34984

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

DAVID LEE PRES.

DAVID LEE PRES.

MARCH 4, 2000

561-871-6442

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/99)

BILTMORE PLAZA CONDOMINIUM ASSOCIATION INC.
1742 BILTMORE STREET
PORT ST. LUCIE, FLORIDA 34984

2 of 2
Attachment

MARCH 4, 2000

FLORIDA DEPARTMENT OF STATE
KATHERINE HARRIS
SECRETARY OF STATE

RE: REINSTATEMENT

DIVISION OF CORPORATIONS

AS PER OUR PHONE CONVERSATION, WE HAD NEVER RECEIVED A NOTICE
FOR REINSTATEMENT BECAUSE IT WAS GOING TO ANOTHER LOCATION THAT
WAS THE PREVIOUS CORPORATE ADDRESS, THE NEW ADDRESS AS NOTED
ABOVE WILL BE GOVERNED BY THE DULLY ELECTED OFFICERS OF THE
CORPORATION.

SINCERELY,



CHERYL BLUE TRES. SECRETARY
BILTMORE PLAZA CONDOMINIUM ASSOCIATION INC.

CC: DAVID LEE
STEVE DiBENEDETTO
HARRY BLUE
JOHN FOSSATI
BARBARA LEE

DOCUMENT # N98000005359

FIE# 65-0872809

APPLICATION
FOR
REINSTATEMENT
 FLORIDA DEPARTMENT OF STATE
 Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

97-00 AR

DOCUMENT # P93000080911

W077.68

1. Corporation Name

 GENERAL HOME BUILDERS CO.
 CHARTER NO. P93000080911

Principal Place of Business

Mailing Address

 2800 N.E. 11 AVE
 POMPANO BCH, FL.
 33064

 2800 N.E. 11 AVE.
 POMPANO BCH, FL.
 33064

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

11-24-93

5. FEI Number

65-0453532

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75*Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P.	ROBERT R. MCKEE	2800 N.E. 11 AVE	POMPANO BCH, FL. 33064
S.	"	"	"
T.	"	"	"

 600003198876
 -04/02/00--01096--001
 ****615.00 ****615.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

 ROBERT R. MCKEE
 2800 N.E. 11 AVE.
 POMPANO BCH, FL. 33064

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

REGISTERED AGENT MUST SIGN

Date

 11. This corporation owes the current year
 Intangible Personal Property Tax due June 30.
Yes ☐ No ☒

(See other side for information on intangible tax.)

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

 PRESIDENT
 ROBERT R. MCKEE
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

954-943-5809