

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000083282

1. Entity Name

G.L. HOMES OF MIRAMAR CORPORATION

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

05-18-2000 90295 022 \*\*\*158.75

|  |   |
|--|---|
| Principal Place of Business<br>1401 UNIVERSITY DRIVE<br>STE. 200<br>CORAL SPRINGS FL 33071 | Mailing Address<br>1401 UNIVERSITY DRIVE<br>STE. 200<br>CORAL SPRINGS FL 33071-6088 |
|--|---|

|   |   |
|---|---|
| 2. Principal Place of Business<br>Suite, Apt. #, etc. | 3. Mailing Address<br>Suite, Apt. #, etc. |
|---|---|

|              |              |                             |                               |
|--------------|--------------|-----------------------------|-------------------------------|
| City & State | City & State | 4. FEI Number<br>65-0453207 | Applied For<br>Not Applicable |
| Zip          | Country      | Zip                         | Country                       |



DO NOT WRITE IN THIS SPACE

|  |  |
|--|--|
| 6. Name and Address of Current Registered Agent<br>MARK GRANT C/O RUDEN BARNETT<br>200 E BROWARD BOULEVARD<br>FT LAUDERDALE FL 33302 | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>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                     |   | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |  |
|--|---|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>EZRATTI, ITZHAK<br>1401 UNIVERSITY DR / STE 200<br>CORAL SPRINGS FL <input type="checkbox"/> Delete     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VS<br>FANT, ALAN<br>1401 UNIVERSITY DR / STE 200<br>CORAL SPRINGS FL <input type="checkbox"/> Delete          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VT<br>COSTELLO, RICHARD A<br>1401 UNIVERSITY DR / STE 200<br>CORAL SPRINGS FL <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | V<br>NORWALK, RICHARD M<br>1401 UNIVERSITY DR #200<br>CORAL SPRINGS FL <input type="checkbox"/> Delete        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | S<br>EZRATTI, MOSHE<br>1401 UNIVERSITY DR #200<br>CORAL SPRINGS FL <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | V<br>ARKIN, R<br>1401 UNIVERSITY DR, STE 200<br>CORAL SPGS FL 33071 <input type="checkbox"/> Delete           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br>ARKIN, RICHARD |

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: RICHARD M. NORWALK 04/25/00 954-753-1730  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

RICHARD M. NORWALK, VICE PRESIDENT

CR2E034 (9/99)