## 2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## DOCUMENT # **P94000018902** ENGLE HOMES/ARIZONA, INC. 00 MAR 24 AM 9:50 Principal Place of Business Mailing Address SEGNETARY OF STATE TABLAHASSEE, FLORIDA 123 N.W. 13TH ST. 123 N.W. 13TH ST. SHITE 300 SUITE 300 **BOCA RATON FL 33432 BOCA RATON FL 33432-1624** 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-0482568 Not Applicable Country \$8.75 Additional Zip Country XΧ 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SHAPIRO, DAVID Street Address (P.O. Box Number is Not Acceptable) 123 NW 13TH STREET SUITE 300 **BOCA RATON FL 33432** Zip Code FL 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) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. **X** Addition Change D۷ Delete TITLE TITLE ENGELSTEIN, ALEC NAME DLUZEN, BARRY STREET ADDRESS 123 N.W. 13TH ST., STE. 300 STREET ADDRESS 4710 E. ELWOOD ST. SUITE 11 CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33432** AZ 85040 ${ t PHOENIX}$ . [] Change Addition ☐ Delete TITLE NAME KRAYNICK, JOHN A NAME STREET ADDRESS STREET ADDRESS 123 N.W. 13TH ST., STE, 300 CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33432** Change VSTD Delete TITLE TITLE NAME SHAPIRO, DAVID NAME 500003208425--8 -04/13/00--011<del>2</del>9--019 STREET ADDRESS 123 N.W. 13TH ST., STE. 300 STREET ADDRESS CITY-ST-ZIP **BOCA RATON FL 33432** CITY-ST-ZIP \*\*\*\*158. \*\*\*\*158.75 □ Change ☐ Addition Delete TITLE TITLE UPTON, MARK NAME NAME STREET ADDRESS STREET ADDRESS 4710 E. ELWOOD ST. SUITE 11 CITY-ST-ZIP CITY-ST-ZIE PHOENIX AZ 85040 Change Addition Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP I hereby certify that the information supplied with this filling 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, for 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.

John A. Kraynick, V. P561-391-4012