


# 2002 UNIFORM BUSINESS REPORT (UBR)

0373939 AV

**DOCUMENT # P94000018908**

1. Entity Name  
**ENGLÉ HOMES/NORTH CAROLINA, INC.**

**FILED**  
 02 FEB 12 AM 9:17  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA



Principal Place of Business  
**123 N.W. 13TH ST.  
 SUITE 300  
 BOCA RATON FL 33432**

Mailing Address  
**123 N.W. 13TH ST.  
 SUITE 300  
 BOCA RATON FL 33432**

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State

Zip Country Zip Country

4. FEI Number **65-0482564** Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**SHAPIRO, DAVID  
 123 NW 13TH STREET  
 SUITE 300  
 BOCA RATON FL 33432**

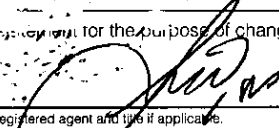
7. Name and Address of New Registered Agent

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 report 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 N.W. 13TH ST., STE. 300 BOCA RATON FL 33432	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV KRAYNICK, JOHN A 123 N.W. 13TH ST., STE. 300 BOCA RATON FL 33432	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD SHAPIRO, DAVID 123 N.W. 13TH ST., STE. 300 BOCA RATON FL 33432	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV MCADEN, TOMMY L 123 N.W. 13TH ST., STE. 300 BOCA RATON FL 33432	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ENGELSTEIN, HARRY 123 N.W. 13TH ST. #300 BOCA RATON FL 33432	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV DELIKANAKIS, YANNIS 123 N.W. 13TH ST. #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. 400 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 N.W. 13TH ST., SUITE 300 BOCA RATON, FL 33432	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	200005022362 -02/26/02-01091-015 ****150.75 ****150.75	<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 with all other like empowered.

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

CR2E034 (9/01)