

# 2002 UNIFORM BUSINESS REPORT (UBR)

0373339 AV

**DOCUMENT # P94000018908**

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

**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**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

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**

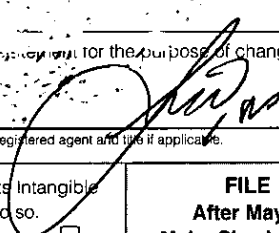
## 7. Name and Address of New Registered Agent

**Name**  
**JOHN A. KRAYNICK**

**Street Address (P.O. Box Number is Not Acceptable)**  
**123 NW 13TH ST., SUITE 300**

**City** **BOCA RATON** **FL** **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** ☐ **\$5.00 May Be Added to Fees**  
 Trust Fund Contribution.

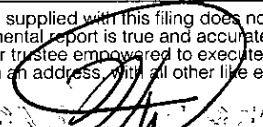
## 11. OFFICERS AND DIRECTORS

<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>VD</b> <b>ENGELSTEIN, ALEC</b> <b>123 N.W. 13TH ST., STE. 300</b> <b>BOCA RATON FL 33432</b>	<input checked="" type="checkbox"/> Delete
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>DV</b> <b>KRAYNICK, JOHN A</b> <b>123 N.W. 13TH ST., STE. 300</b> <b>BOCA RATON FL 33432</b>	<input type="checkbox"/> Delete
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>VSTD</b> <b>SHAPIRO, DAVID</b> <b>123 N.W. 13TH ST., STE. 300</b> <b>BOCA RATON FL 33432</b>	<input checked="" type="checkbox"/> Delete
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>DV</b> <b>MCADEN, TOMMY L</b> <b>123 N.W. 13TH ST., STE. 300</b> <b>BOCA RATON FL 33432</b>	<input type="checkbox"/> Delete
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>P</b> <b>ENGELSTEIN, HARRY</b> <b>123 N.W. 13TH ST. #300</b> <b>BOCA RATON FL 33432</b>	<input type="checkbox"/> Delete
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>DV</b> <b>DELIKANAKIS, YANNIS</b> <b>123 N.W. 13TH ST. #300</b> <b>BOCA RATON FL 33432</b>	<input type="checkbox"/> Delete

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>DV</b> <b>MON, ANTONIO B.</b> <b>4000 HOLLYWOOD BLVD. SUITE 500-N</b> <b>HOLLYWOOD, FL 33021</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>VST</b> <b>LEIKERT, PAUL</b> <b>123 N.W. 13TH ST., SUITE 300</b> <b>BOCA RATON, FL 33432</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>200005022362-5</b> <b>-02/26/02-01091-015</b> <b>****150.75 ****150.75</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<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)

FILED

02 FEB 12 AM 9:17

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

