

# 2002 UNIFORM BUSINESS REPORT (UBR)

0358807 AV

DOCUMENT # P94000020895

1. Entity Name  
CREATIVE CHOICE HOMES X, INC.

*Mystic Woods II*

FILED  
02 JAN 28 AM 11:03  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
4243 NORTHLAKE BLVD.  
SUITE D  
PALM BEACH GARDENS FL 33410

Mailing Address  
4243 NORTHLAKE BLVD.  
SUITE D  
PALM BEACH GARDENS FL 33410



DO NOT WRITE IN THIS SPACE

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 65-0476995

Applied For  
Not Applicable

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

BAROT, DILIP  
4243 NORTHLAKE BLVD.  
SUITE D  
PALM BEACH GARDENS FL 33410

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

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

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

TITLE SVP  
NAME WEIR, JOHN F  
STREET ADDRESS 4243-D NORTHLAKE BLVD.  
CITY-ST-ZIP PALM BEACH GARDENS FL ☐ Delete

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
400004884074--4  
-02/07/02--01002--006  
\*\*\*\*158.75 \*\*\*\*158.75 ☐ Change ☐ Addition

TITLE VP  
NAME WHEAT, TIMOTHY P  
STREET ADDRESS 4243-D NORTHLAKE BLVD.  
CITY-ST-ZIP PALM BEACH GARDENS FL ☐ Delete

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE S  
NAME KAKKAR, YASHPAL  
STREET ADDRESS 4243-D NORTHLAKE BLVD.  
CITY-ST-ZIP PALM BCH GARDENS FL 33410 ☐ Delete

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE TDP  
NAME BAROT, DILIP  
STREET ADDRESS 4243-D NORTHLAKE BLVD.  
CITY-ST-ZIP PALM BEACH GARDENS FL ☐ Delete

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: Yash Pal Kakkar, Secretary *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/17/02 (561) 627-7988

Date Daytime Phone #

CR2E034 (9/01)