

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000059621

1. Entity Name

PUDER HOMES AT THE GROVE, INC.

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90025 047 ***150.00

Principal Place of Business

Mailing Address

~~10299 UTOPIA CIRCLE WEST~~
~~BOYNTON BCH FL 33437~~
~~US~~

C/O PUDER, M
~~8419 TWIN LAKE DR~~
~~BOCA RATON FL 33496-1923~~
~~US~~

2. Principal Place of Business

3. Mailing Address

3930 Max Place

5235 Princeton Way

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
Boynton Beach FL

City & State
Boca Raton FL

4. FEI Number 65-0520371

Applied For
Not Applicable

Zip
33436

Country
usa

Zip
33496

Country
usa

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

PUDER, MICHAEL S
~~8419 TWIN LAKE DR~~
~~SUITE 104~~
~~BOCA RATON FL 33496~~

Name

Street Address (P.O. Box Number is Not Acceptable)

5235 Princeton Way

City Boca Raton FL Zip Code 33496

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

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, 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 D ☐ Delete
NAME PUDER, MICHAEL S
STREET ADDRESS ~~8419 TWIN LAKE DR~~
CITY-ST-ZIP ~~BOCA RATON FL 33496~~

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 5235 Princeton Way
CITY-ST-ZIP Boca Raton, FL 33496

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
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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: Michael S Puder 420-00 (561) 738-7777
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)