

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 01, 2003 8:00 am**  
**Secretary of State**

05-01-2003 90128 001 \*\*\*150.00

0289748  
AV

**DOCUMENT # P94000083085**

1. Entity Name

LENNAR ATLANTIC HOLDINGS, INC.



Principal Place of Business

760 NW 107TH AVE  
STE 300  
MIAMI FL 33172  
US

Mailing Address

760 NW 107TH AVE  
STE 300  
MIAMI FL 33172  
US

2. Principal Place of Business

3. Mailing Address

Suite Apt. # etc.

Suite Apt. # etc.

1601 Washington Ave., Suite 800  
Miami Beach, FL 33139

1601 Washington Ave., Suite 800  
Miami Beach, FL 33139

11031000



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

65-0539265

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

RUBIN, SHELLY  
760 NW 107TH AVE  
STE 300  
MIAMI FL 33172

Name

1601 Washington Ave., Suite 800  
Miami Beach, FL 33139

e)

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D  
NAME MILLER, LEONARD  
STREET ADDRESS 700 NW 107TH AVE  
CITY-ST-ZIP MIAMI FL 33172 ☒ Delete

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

TITLE P  
NAME KRASNOFF, JEFFREY P.  
STREET ADDRESS 760 NW 107TH AVE STE 300  
CITY-ST-ZIP MIAMI FL 33172 ☐ Delete

TITLE D, P  
NAME  
STREET ADDRESS 1601 Washington Ave., Suite 800  
CITY-ST-ZIP Miami Beach, FL 33139 ☒ Change ☐ Addition

TITLE T  
NAME JORDAN, MARGARET  
STREET ADDRESS 760 NW 107TH AVE STE 300  
CITY-ST-ZIP MIAMI FL 33172 ☐ Delete

TITLE  
NAME  
STREET ADDRESS 1601 Washington Ave., Suite 800  
CITY-ST-ZIP Miami Beach, FL 33139 ☒ Change ☐ Addition

TITLE V  
NAME RUBIN, SHELLY  
STREET ADDRESS 760 NW 107TH AVE STE 300  
CITY-ST-ZIP MIAMI FL 33172 ☐ Delete

TITLE  
NAME  
STREET ADDRESS 1601 Washington Ave., Suite 800  
CITY-ST-ZIP Miami Beach, FL 33139 ☒ Change ☐ Addition

TITLE AC  
NAME LIEBERMAN, ARTHUR J  
STREET ADDRESS 760 NW 107TH AVE STE 300  
CITY-ST-ZIP MIAMI FL 33172 ☐ Delete

TITLE  
NAME  
STREET ADDRESS 1601 Washington Ave., Suite 800  
CITY-ST-ZIP Miami Beach, FL 33139 ☒ Change ☐ Addition

TITLE DC  
NAME MILLER, STUART A  
STREET ADDRESS 700 NW 107 AVE  
CITY-ST-ZIP MIAMI FL ☐ Delete

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Arthur J. Lieberman*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/03 305/695-5800  
Date Daytime Phone #

CR2E034 (10/02)