FILED

Apr 28, 2002 8:00 am Secretary of State

04-28-2002 90776 007 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

P95000045344

DOCUMENT # 1. Entity Name

TRENDEX HOMES AT HARBOUR POINTE, INC.

Principal Plac	e of Busines:	3	M	lailing Address									
2523 BURNS ROAD PALM BEACH GARDENS FL 33410				2523 BURNS ROAD PALM BEACH GARDENS FL 33410									
								T ARRIVARA DIA TRIAL ENGO ARAN A	100 61 00 11 06 1	1 56) 6 11	18 1811 F		
2. Principal Place of Business				3. Mailing Address					BILL BUCK BEING L		/ #	IIMIS DIDS EDDI	
,													
Suite, Apt. #, etc.				Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE					
								4. FFI Number Applied For					
City & State				City & State			4. F	4. FEI Number 65-0598183				t Applicable	-
				7:0	tn/							┪	
Zip Country		Country	Zip Co		Coun	5					.75 Additional Required		
6. Name and Address of Curre			l t Regis	egistered Agent			7. Name and Address of New Registered Agent					1	
d. Name and Address of Content Hogisteles Agent													1
DIVOSTA	GHY MICH	IΔFI											4
DIVOSTA, GUY MICHAEL 2523 BURNS ROAD					Street Ad	Street Address (P.O. Box Number is Not Acceptable)							
		EL 00440						,					1
WEST PA	LM BEACH	FL 33410								:			4
						City			FL	Ziş	Code	3	
• The above			for the	nurnage of changing its r	rogietor	ed office or I	registered an	ent, or both, in the State of F	lorida	1			1
8. The above	named entit	y submits this statement i	OI LITE	purpose or changing its i	egister	sa office of t	egiaterea agi	one, or both, in the otate of t	iorida.				
SIGNATURE .	Signature typed	or printed name of registered agen	nt and title	if applicable. (NOTE:	Registere	d Agent signatur	e required when re	instating)	DATE				
						10 4450 0	_	<u> </u>		-			1
9. This corporation is eligible to satisfy its Intangible				FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00				10. Election Campaign Financing \$5.00 May Be					
Tax filing requirement and elects to do so. (See criteria on back)				Make Check Payable to Department of S				1 Illust and Continuation. La Added to Lees 1					
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STREET ADDRESS					STR	EET ADDRESS							

13. I hereby certify that the information supplied with this indicated on this report or supplemental report is true of the corporation or the receiver or trustep employed changed, or on an attachment with an address with loes not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME

> WEOUIRED SIGNATURE AND TYPED OF

Delete

Change

☐ Addition