PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P95000045956 1. Corporation Name

LENNAR MAYFAIR HOLDINGS, INC.

## **FILED** Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90247 003 \*\*\*150.00



Principal Place of Business Mailing Address					
760 NW 107TH		760 NW 107TH AVE			
MIAMI FL 33172		MIAMI FL 33172			DO NOT WRITE IN THIS SPACE
US		US			3. Date Incorporated or Qualifed
					06/14/1995
2. Principal Place of Business 2a. Mailing Address					4. FEI Number Applied For
<del></del>		26			65-0596506 Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			\$8.75 Additional
27 SLIHE 300 _		127 SUITE 30()			5. Certificate of Status Desired Fee Required
City & State		City & State			6. Election Campaign Financing 55.00 May Be
23		28			Trust Fund Contribution Added to Fees
Zip	Country	Zip	Country	y	8. This corporation owes the current year Intangible
24	25	29 30			Personal Property Tax.
	9. Name and Address of Curren	t Registered Agent			10. Name and Address of New Registered Agent
				Name	
RUBIN, SHELLY			82	Street	Address (P.O. Box Number is Not Acceptable)
760 NW 107TH AVE					11te 300
MAN	41 FL 33172		83	3	
			84	City	85 Zip Code
					FL Description
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered					
agent, I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.					
SIGNATURE Signature, typed or ponted name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE					
12.	OFFICERS AN	D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	MILLER, LEONARD		1.2 NAME		
STREET ADDRESS	700 N.W. 107TH AVE.		1.3 STREE	TADDRESS	
CITY+ST-ZIP	MIAMI FL 33172		1.4 CITY-	ST-ZIP	
TITLE	V	☐ DELETE	2.1 TITLE		☐ Change - Addition
NAME	RUBIN, SHELLY		2.2 NAME		
STREET ADDRESS	760 NW 107TH AVE		2.3 STREE	TADDRESS	:Sut e 300
CITY-ST-ZIP	MIAMI FL 33172		2. 4 CITY-	ST-ZIP	
TITLE	AS	<b>⊠</b> DELETE	3.1 TITLE		AS Change Addition
NAME	MCMICKLE, J. T.		3.2 NAME		ARNETT PETA-GAY
STREET ADDRESS	760 NW 107TH AVE		3.3 STREE	ET ADDRESS	11/200
CITY-ST-ZIP	MIAMI FL 33172		3.4. CITY-	ST-ZIP	Su/48 500
TITLE	T	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	JORDAN, MARGARET		4, 2 NAME	Ē	[
STREET ADORESS	760 NW 107TH AVE		4.3 STREE	ET ADDRESS	Suite 300
CITY-ST-ZIP	MIAMI FL 33172		4.4 CITY-	ST-ZIP	
TITLE	DC	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	MILLER, STUART A		5.2 NAME		
STREET ADDRESS	700 N.W. 107TH AVE.		5.3 STREE	ET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33172		5.4 CITY-		
TITLE	DCEO	☐ DELETE	6.1 TITLE		Change Addition
NAME	SAIONTZ, STEVEN J.		6.2 NAME		Suite 3/4:
STREET ADDRESS	760 NW 107TH AVE		6.3 STREE	TADDRESS	June -//
	MANUEL COATO		SACITY	ST. 710	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.