

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000051777

1. Entity Name

PARK AVENUE HOMES, INC.

FILED
Feb 28, 2000 8:00 am
Secretary of State

02-28-2000 90007 030 ***150.00

Principal Place of Business
3350 NW 2ND AVE
SUITE B-38
POMPANO BEACH FL 33431

Mailing Address
3350 NW 2ND AVE
SUITE B-38
POMPANO BEACH FL 33431-6656

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

Zip Country

4. FEI Number **65-0610096**
Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
ASCONIAN, GEORGE H JR
511 NE 3RD AVE
FORT LAUDERDALE FL 33308

7. Name and Address of New Registered Agent
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, 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	<input type="checkbox"/> Delete
NAME	KESNER, KARON	
STREET ADDRESS	3350 NW 2ND AVE	
CITY-ST-ZIP	POMPANO BEACH FL 33431	
TITLE	P	<input type="checkbox"/> Delete
NAME	KESNER, HENRY R	
STREET ADDRESS	3350 NW 2ND AVE	
CITY-ST-ZIP	POMPANO BEACH FL 33431	
TITLE	V	<input type="checkbox"/> Delete
NAME	CALIENDO, SAM S	
STREET ADDRESS	3350 NW 2ND AVE	
CITY-ST-ZIP	POMPANO BEACH FL 33431	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: Henry R. Kesner **Henry R. Kesner - President** **2-2-00** **561-416-2100**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)