

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 26, 2004 08:00 AM
Secretary of State

DOCUMENT # P95000076823

1. Entity Name
KNIGHT MANOR HOMES OF MIAMI, INC.



Principal Place of Business
4300 N. UNIVERSITY DRIVE
SUITE A-106
FORT LAUDERDALE, FL 33351

Mailing Address
4300 N. UNIVERSITY DRIVE
SUITE A-106
FORT LAUDERDALE, FL 33351



04012004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0640918

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

LAWRENCE A. LEVINE, P.A.
4300 N. UNIVERSITY DRIVE
SUITE A-106
FORT LAUDERDALE, FL 33351

**DO NOT WRITE
IN THIS SPACE**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

U00000130580
04/26/04-80122-020 150.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
LEVIN, LAWRENCE A.
4300 N. UNIVERSITY DRIVE, A-106
FORT LAUDERDALE, FL 33351

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
MURPHY, WILLIAM M.
4300 N. UNIVERSITY DRIVE, D-103
FORT LAUDERDALE, FL 33351

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
LEVIN, HOWARD A.
4300 N. UNIVERSITY DRIVE, A-106
FORT LAUDERDALE, FL 33351

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/04 954-749-6700
Date Daytime Phone #