## 2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## May 18, 2000 8:00 am Secretary of State DOCUMENT # P95000083730 G.L. HOMES OF SILVER LAKES XXVIII CORPORATION 05-18-2000 90297 001 \*\*\*158.75 Mailing Address Principal Place of Business 1401 UNIVERSITY DRIVE 1401 UNIVERSITY DRIVE SUITE 200 SUITE 200 CORAL SPRINGS FL 33071-6088 CORAL SPRINGS FL 33071 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0655277 Not Applicable Ζip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent GRANT, MARK F Street Address (P.O. Box Number is Not Acceptable) 200 EAST BROWARD BLVD. 15TH FLOOR FT. LAUDERDALE FL 33301 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) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME EZRATTI, ITZHAK STREET ADDRESS STREET ADDRESS 1401 UNIVERSITY DR., STE.200 CITY-ST-ZIP CITY-ST-ZIP CORAL SPRINGS FL ☐ Addition ☐ Change ٧S ☐ Delete TITLE TITLE NAME NAME FANT, ALAN STREET ADDRESS STREET ADDRESS 1401 UNIVERSITY DR. STE.200 CITY-ST-ZIP CITY-ST-ZIP CORAL SPRINGS FL Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME COSTELLO, RICHARD STREET ADDRESS STREET ADDRESS 1401 UNIVERSITY DR., STE.200 CITY-ST-ZIP CITY-ST-ZIP CORAL SPRINGS FL TITLE ☐ Change ☐ Addition TITLE S ☐ Delete NAME NAME EZRATTI, MOSHE STREET ADDRESS STREET ADDRESS 1401 UNIVERSITY DR., STE.200 CITY-ST-ZIP CITY-ST-ZIP CORAL SPRINGS FL ☐ Change ☐ Addition TITLE Delete TITLE NORWALK, RICHARD NAME NAME STREET ADDRESS STREET ADDRESS 1401 UNIVERSITY DR., STE.200 CITY-ST-7IP CITY-ST-ZIP CORAL SPRINGS FL Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME ARKIN, RICHARD STREET ADDRESS STREET ADDRESS 1401 UNIVERSITY DR, STE 200 CITY-ST-ZIP CITY-ST-ZIP CORL SPGS FL 33071 13. I hereby certify that the information supplied with this filling 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.

04/25/00

954-753-1730

Daytime Phone #

FILED