

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000093399

1. Entity Name

PUDER HOMES AT THE GROVE POD D, INC.

**FILED**  
**May 01, 2000 8:00 am**  
**Secretary of State**

05-01-2000 90025 044 \*\*\*150.00

Principal Place of Business

Mailing Address

~~10200 UTOPIA CIRCLE WEST~~  
~~BOYNTON BCH FL 33437~~  
~~US~~

C/O PUDER, M  
~~8419 TWIN LAKE DR~~  
~~BOCA RATON FL 33486-1823~~  
~~US~~

2. Principal Place of Business

3. Mailing Address

3930 Max Place

5235 Princeton Way

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Boynton Beach FL

Boca Raton FL

Zip  
33436

Country  
USA

Zip  
33496

Country  
USA

4. FEI Number

65-0626780

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PUDER, MICHAEL S

~~8419 TWIN LAKE DR~~

~~BOCA RATON FL 33496~~

Name

Street Address (P.O. Box Number is Not Acceptable)

5235 Princeton Way

City

Boca Raton

FL

Zip Code

33496

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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 ☐ Delete  
NAME PSTD  
STREET ADDRESS PUDER, MICHAEL S  
CITY-ST-ZIP ~~8419 TWIN LAKE DR~~  
~~BOCA RATON FL 33496~~

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 5235 Princeton Way  
CITY-ST-ZIP Boca Raton FL 33496

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ 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:

**SIGNATURE REQUIRED**

Michael S. Puder

4-20-00

(561)

738-7777

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/93)