

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000093428

1. Entity Name

PUDER HOMES AT THE GROVE POD C, INC.

FILED
Apr 27, 2000 8:00 am
Secretary of State

04-27-2000 90069 011 ***150.00

Principal Place of Business

Mailing Address

~~10299 UTOPIA CIRCLE WEST~~
~~BOYNTON BEACH FL 33437~~
~~US~~

~~8419 TWIN LAKE DR~~
~~BOCA RATON FL 33496-1923~~
~~US~~

2. Principal Place of Business

3930 Max Place

Suite, Apt. #, etc.

City & State

Boynton Beach FL

Zip 33436

Country

usa

3. Mailing Address

5235 Princeton Way

Suite, Apt. #, etc.

City & State

Boca Raton FL

Zip

33496

Country

usa



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0626779

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	PSTD	<input type="checkbox"/> Delete
NAME	PUDER, MICHAEL S	
STREET ADDRESS	8419 TWIN LAKE DR	
CITY-ST-ZIP	BOCA RATON FL 33496	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	5235 Princeton Way	
CITY-ST-ZIP	Boca Raton, FL 33496	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael S. Puder 420-00 (561) 738-7777

Date

Daytime Phone #

CR2E034 (9/99)