

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000042270

1. Entity Name

PUDER HOMES AT GROVE ISLE, INC.

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

04-27-2000 90079 032 ***150.00

Principal Place of Business

Mailing Address

10299 ~~UTOPIA CIRCLE-WESET~~
~~BOYNTON BECH FL 33437~~
US

C/O PUDER
~~8419 TWIN LAKE DR~~
BOCA RATON FL 33496-4923
US

2. Principal Place of Business

3930 Max Place

3. Mailing Address

5235 Princeton Way

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Boynton Beach FL

City & State

Boca Raton FL

4. FEI Number

65-0666943

Applied For

Not Applicable

Zip 33436

Country

usa

Zip 33496

Country

usa

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 all other like empowered.

SIGNATURE:

Michael S. Puder Michael S. Puder 4-20-00 (561) 738-7777
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #