

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000052093

1. Entity Name

SAVION LUXURY HOMES, INC.

FILED
Mar 03, 2000 8:00 am
Secretary of State

03-03-2000 90198 022 ***150.00

Principal Place of Business

355 NE 5TH AVE
 SUITE 7
 DELRAY BEACH FL 33483

Mailing Address

355 NE 5TH AVE
 SUITE 7
 DELRAY BEACH FL 33483-5542

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0767231**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

ABBO, MAYER S
 113 NE 4TH AVE
 DELRAY BEACH FL 33483

Name **ABBO, MAYER S.**
 Street Address (P.O. Box Number is Not Acceptable)
355 NE 5TH AVE, SUITE #7
DELRAY BEACH, FL, 33483
 City **FL** 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

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	P	<input type="checkbox"/> Delete
NAME	ABBO, JACQUES	
STREET ADDRESS	2518 COCO PLUM BLVD., #202	
CITY-ST-ZIP	BOCA RATON FL 33434	
TITLE	VP	<input type="checkbox"/> Delete
NAME	ABBO, MAYER S	
STREET ADDRESS	113 NE 4TH AVE	
CITY-ST-ZIP	DELRAY BEACH FL 33483	
TITLE	S	<input type="checkbox"/> Delete
NAME	MERENFELD, MIRIAM	
STREET ADDRESS	2518 COCO PLUM BLVD., #1202	
CITY-ST-ZIP	BOCA RATON FL 33434	
TITLE	T	<input type="checkbox"/> Delete
NAME	ABBO, DEBBY	
STREET ADDRESS	5955 CATESBY ST	
CITY-ST-ZIP	BOCA RATON FL 33433	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ABBO, JACQUES	
STREET ADDRESS	16292 BRIDLEWOOD CIR.	
CITY-ST-ZIP	DELRAY BEACH FL, 33445	
TITLE	VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ABBO, MAYER S.	
STREET ADDRESS	355 NE 5TH AVE, SUITE #7	
CITY-ST-ZIP	DELRAY BEACH, FL 33483	
TITLE	S	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MERENFELD, MIRIAM	
STREET ADDRESS	16292 BRIDLEWOOD CIR.	
CITY-ST-ZIP	DELRAY BEACH FL, 33445	
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

02-28-00

Date

(561) 272-0703

Daytime Phone #

CR2E034 (9/99)