

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Jan 11, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # P97000069571**1. Entity Name  
**LENNAR FINANCIAL SERVICES, INC.**

Principal Place of Business 730 NW 107 AVENUE  MIAMI 33172	FL	Mailing Address 730 N.W. 107 AVE.  MIAMI 33172	FL
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2. Principal Place of Business 730 NW 107 AVENUE	3. Mailing Address 730 N.W. 107 AVE.
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Suite, Apt. #, etc. SUITE 400	Suite, Apt. #, etc. SUITE 400
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City & State MIAMI FL	City & State MIAMI FL
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Zip 33172	Country US	Zip 33172	Country
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4. FEI Number  
**65-0774024**  
Applied For  
Not Applicable5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent****MCCAIN DAVID BESQ.**  
700 N.W. 107 AVE.**MIAMI**  
33172 US FL**7. Name and Address of New Registered Agent**

Name

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

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 \_\_\_\_\_ **01/11/2001**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE9. 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, 2001 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**

TITLE	AS	<input type="checkbox"/> Delete
NAME	TEIXEIRA LINDA	
STREET ADDRESS	700 NW 107 AVE	
CITY-ST-ZIP	MIAMI FL 33172	
TITLE	TV	<input type="checkbox"/> Delete
NAME	MUNOZ JANICE	
STREET ADDRESS	700 NE 107 AVE	
CITY-ST-ZIP	MIAMI FL 33172	
TITLE	SV	<input type="checkbox"/> Delete
NAME	MODIST DEBRA	
STREET ADDRESS	700 NW 107 AVE	
CITY-ST-ZIP	MIAMI FL 33172	
TITLE	DVAS	<input type="checkbox"/> Delete
NAME	KAMINSKY NANCY	
STREET ADDRESS	730 NW 107 AVE.	
CITY-ST-ZIP	MIAMI FL 33172	
TITLE	DV	<input type="checkbox"/> Delete
NAME	REED LINDA	
STREET ADDRESS	730 NW 107 AVE.	
CITY-ST-ZIP	MIAMI FL 33172	
TITLE	DCP	<input type="checkbox"/> Delete
NAME	PEKOR ALLAN J	
STREET ADDRESS	730 NW 107 AVE.	
CITY-ST-ZIP	MIAMI FL 33172	

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCAIN DAVID B	
STREET ADDRESS	700 NW 107 AVE	
CITY-ST-ZIP	MIAMI FL 33172	
TITLE	TV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MUNOZ JANICE	
STREET ADDRESS	730 NE 107 AVE	
CITY-ST-ZIP	MIAMI FL 33172	
TITLE	SV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MODIST DEBRA	
STREET ADDRESS	730 NW 107 AVE	
CITY-ST-ZIP	MIAMI FL 33172	
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: David B. McCain**

V

01/11/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)