

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P97000104012**

1. Entity Name

CENTERLINE ISLES, INC.

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

05-03-2000 90111 005 ***150.00

Principal Place of Business

Mailing Address

**12534 WILES ROAD
CORAL SPRINGS FL 33076**

**12534 WILES ROAD
CORAL SPRINGS FL 33076-2202**

2. Principal Place of Business

3. Mailing Address

1700 North University Dr.

1700 North University Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 302

Suite 302

City & State

City & State

Coral Springs FL

Coral Springs FL

Zip

Country

Zip

Country

33071

33071

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LARRY A. ROTHENBERG, P.A.
900 NORTH FEDERAL HIGHWAY
SUITE 460
BOCA RATON FL 33432**

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

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 **PERRY, CRAIG**
STREET ADDRESS **12534 WILES ROAD**
CITY-ST-ZIP **CORAL SPRINGS FL 33076**

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

TITLE **D** ☐ Delete
NAME **MOSCOVITCH, LEWIS**
STREET ADDRESS **12534 WILES ROAD**
CITY-ST-ZIP **CORAL SPRINGS FL 33076**

TITLE **D** ☒ Change ☐ Addition
NAME **Moscovitch, Lewis**
STREET ADDRESS **1700 University Dr. Suite 302**
CITY-ST-ZIP **Coral Springs, FL 33071**

TITLE **D** ☒ Delete
NAME **MARGOLIS, STEVEN**
STREET ADDRESS **12534 WILES ROAD**
CITY-ST-ZIP **CORAL SPRINGS FL 33076**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
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CITY-ST-ZIP

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 **Lewis Moscovitch** **4-28-00** **954-341-1499**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)