## 2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

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## DOCUMENT # **P98000033586** Apr 25, 2000 8:00 am Secretary of State 1. Entity Name CENTERLINE HOMES AT DELRAY, INC. 04-25-2000 90113 034 \*\*\*150.00 Mailing Address Principal Place of Business 12534 WILES RD 12534 WILES RD CORAL SPRINGS FL 33076 CORAL SPRINGS FL 33076-2202 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0841334 Not Applicable Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LARRY A. ROTHENBERG, P.A. Street Address (P.O. Box Number is Not Acceptable) 900 N FEDERAL HWY, SUITE 460 **BOCA RATON FL 33432** Zip Code City FL 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Delete TITI F ☐ Change Addition TITLE NAME NAME PERRY, CRAIG STREET ADDRESS STREET ADDRESS **12534 WILES RD** CITY-ST-ZIP CITY-ST-7IP CORAL SPRINGS FL 33076 ☐ Addition 🙇 Delete ☐ Change TITLE NAME MOSCOVITCH, LEWIS STREET ADDRESS STREET ADDRESS 12534 WILES RD CITY-ST-7IP CITY-ST-ZIP CORAL SPRINGS FL 33076 ☐ Change ■ Addition □ Delete TITLE NAME NAME MARGOLIS, STEPHEN STREET ADDRESS STREET ADDRESS **12534 WILES RD** CITY-ST-ZIP CITY-ST-ZIF CORAL SPRINGS FL 33076 ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 poort 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 oress, with all other like empowered.