

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 15, 2001 8:00 am
Secretary of State

02-15-2001 90221 001 ***150.00
 02-15-2001 90221 002 *****8.75

DOCUMENT # P98000040251

1. Entity Name

CLASSIC DESIGNER HOMES OF THE PALM BEACHES, INC.

Principal Place of Business

Mailing Address

% SANDRA G. KRAWITZ, ESQ.
 1900 GLADES ROAD, SUITE 357
 BOCA RATON FL 33431

% SANDRA G. KRAWITZ, ESQ.
 1900 GLADES ROAD, SUITE 357
 BOCA RATON FL 33431

2. Principal Place of Business

3. Mailing Address

Suite, **3111 UNIVERSITY DRIVE
 SUITE 615**
 City, **CORAL SPRINGS, FL 33065**

3111 UNIVERSITY DRIVE
 Suite, Apt. #, etc. **SUITE 615**
CORAL SPRINGS, FL 33065



DO NOT WRITE IN THIS SPACE

Zip Country

Zip Country

4. FEI Number **65-0840345**

Applied For
 Not Applicable

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

KRAWITZ, SANDRA G JR.
1900 GLADES ROAD
SUITE 357
BOCA RATON FL 33431

Name **(Same)**
 Street Address (P.O. Box Number is Not Acceptable)
3111 UNIVERSITY DRIVE
SUITE 615
 City **CORAL SPRINGS, FL 33065** **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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
D KRAWITZ, HAROLD 1900 GLADES ROAD, SUITE 357 BOCA RATON FL 33431	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>

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 another like empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)