

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 08, 2000 8:00 am
Secretary of State

02-08-2000 90037 026 ***150.00

DOCUMENT # P98000069793

1. Entity Name

ISLAND ESTATE BUILDING & DESIGN, INC.

Principal Place of Business

Mailing Address

% 3900 BONAVENTURE BOULEVARD
FT LAUDERDALE FL 33332

% 3900 BONAVENTURE BOULEVARD
FT LAUDERDALE FL 33332

2. Principal Place of Business

1608 Town Center Blvd

3. Mailing Address

1608 Town Center Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Unit B

Unit B

City & State

City & State

Weston, FL

Weston, FL

Zip

Country

Zip

Country

33326

U.S.A.

33326

U.S.A.

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LEGAL INFORMATION SERVICES, INC.
1290 WESTON ROAD
SUITE 300
FT LAUDERDALE FL 33326

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 ☐ Delete
NAME D CASTELLANO, ROBERT
STREET ADDRESS % 3900 BONAVENTURE BOULEVARD
CITY-ST-ZIP FT LAUDERDALE FL 33332

TITLE ☒ Change ☐ Addition
NAME 1608 Town Center Blvd Unit B
STREET ADDRESS Weston, FL 33326
CITY-ST-ZIP

TITLE ☒ Delete
NAME GOSS, KENNETH
STREET ADDRESS % 3900 BONAVENTURE BOULEVARD
CITY-ST-ZIP FT LAUDERDALE FL 33332

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-4-2000

214-4733