

2001 UNIFORM BUSINESS REPORT (UBR)

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

05-15-2001 90165 023 ***150.00

DOCUMENT # P98000079072

1. Entity Name

PINES BOULEVARD LAND, INC.

Principal Place of Business

18999 BISCAYNE BLVD.
 AVENTURA FL 33180

Mailing Address

10081 PINES BLVD
 STE A
 PEMBROKE PINES FL 33024
 US

2. Principal Place of Business

555 SW 12th Ave

Suite, Apt. #, etc.

Suite 101

City & State

Pompano Bch, FL

Zip
33069

Country
USA

3. Mailing Address

555 SW 12th Ave

Suite, Apt. #, etc.

Suite 101

City & State

Pompano Bch, FL

Zip
33069

Country
USA



DO NOT WRITE IN THIS SPACE

A0067328

4. FEI Number **65-0868041**

Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**GOLDMAN, BRUCE J
 CITY NATIONAL BANK BUILDING
 2701 LE JEUNE ROAD, SUITE 404
 CORAL GABLES FL 33134**

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

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

TITLE **D** ☐ Delete
 NAME **JAFFE, NORMAN S**
 STREET ADDRESS **18999 BISCAYNE BLVD.**
 CITY-ST-ZIP **AVENTURA FL 33180**

TITLE **D** ☐ Delete
 NAME **JAFFE, MARK S**
 STREET ADDRESS **18999 BISCAYNE BLVD.**
 CITY-ST-ZIP **AVENTURA FL 33180**

TITLE **D** ☐ Delete
 NAME **JAFFE, GARY S**
 STREET ADDRESS **18999 BISCAYNE BLVD.**
 CITY-ST-ZIP **AVENTURA FL 33180**

TITLE **D** ☐ Delete
 NAME **JAFFE, EVAN**
 STREET ADDRESS **1955 N.E. 117TH ROAD**
 CITY-ST-ZIP **NORTH MIAMI FL 33181**

TITLE **D** ☐ Delete
 NAME **JAFFE, EMERY D**
 STREET ADDRESS **18999 BISCAYNE BLVD.**
 CITY-ST-ZIP **AVENTURA FL 33180**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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

4-12-01

954-933-0421

Date

Daytime Phone #

CR2E034 (10/00)