2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

DOCUMENT # P98000089774 May 05, 2000 8:00 am Secretary of State CENTERLINE HOMES AT BAHIA, INC. 05-05-2000 90071 027 ***150.00 Mailing Address Principal Place of Business 12534 WILES ROAD 12534 WILES ROAD CORAL SPRINGS FL 33076 CORAL SPRINGS FL 33076-2202 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0873114 Not Applicable Country Zip \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent LARRY A. ROTHENBERG, P.A. Street Address (P.O. Box Number is Not Acceptable) 900 NORTH FEDERAL HIGHWAY SUITE 460 **BOCA RATON FL 33432** 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. ☐ Addition Change 🗹 Delete TITLE TITLE MOSCOVICH, LEWIS NAME NAME STREET ADDRESS STREET ADDRESS 12534 WILES ROAD CITY-ST-ZIP CITY-ST-ZIP CORAL SPRINGS FL 33076 ☐ Addition ☐ Delete ☐ Change TITI F TITLE NAME PERRY, CRAIG NAME STREET ADDRESS STREET ADDRESS 12534 WILES ROAD CITY-ST-ZIP CITY-ST-7IP **CORAL SPRINGS FL 33076** ☐ Addition Change TITLE ☐ Delete TITLE NAME MARGOLIS, STEPHEN NAME STREET ADDRESS STREET ADDRESS 12534 WILES ROAD CITY-ST-ZIP CITY-ST-ZIP **CORAL SPRINGS FL 33076** ☐ Addition TITI F ☐ Change TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition Delete TITLE 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 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 trusted 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 appears, with all other like empowered.

PRINTED NAME OF SIGNING OFFICER OR DIRECTO