

# 2000 UNIFORM BUSINESS REPORT (UBR)

AMENDING 2000

DOCUMENT # P9900001507

1. Entity Name

Centerline Homes at Kensington, Inc.

Principal Place of Business

12534 Wiles Road  
Coral Springs, FL 33076

Mailing Address

12534 Wiles Road  
Coral Springs, FL 33076

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-888465

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

Larry A. Rothenberg, P.A.  
900 North Federal Highway,  
Suite 460  
Boca Raton, FL 33432

7. Name and Address of New Registered Agent

Name  
Kipnis Tescher Lippman & Valinsky, P.A.  
Street Address (P.O. Box Number is Not Acceptable)  
100 N.E. Third Avenue  
Suite 610  
City  
Fort Lauderdale FL Zip Code  
33301

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.

Howard A. Tescher, President

(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

TITLE	Director	<input checked="" type="checkbox"/> Delete
NAME	Lewis Moscovitch	
STREET ADDRESS	12534 Wiles Road	
CITY-ST-ZIP	Coral Springs, FL 33076	
TITLE	DIRECTOR	<input type="checkbox"/> Delete
NAME	CRAIG PERRY	
STREET ADDRESS	12534 WILES ROAD	
CITY-ST-ZIP	CORAL SPRINGS, FL 33076	
TITLE	DIRECTOR	<input type="checkbox"/> Delete
NAME	STEPHEN MARGOLIS	
STREET ADDRESS	12534 WILES ROAD	
CITY-ST-ZIP	CORAL SPRINGS, FL 33076	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	000003390830--2	
CITY-ST-ZIP	-09/13/00--01007--016	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	*****61.25	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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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:

Craig Perry, President 8/24/00 344-8040

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)