

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 30, 2001 8:00 am**  
**Secretary of State**

04-30-2001 90102 013 \*\*\*150.00

U1385390

**DOCUMENT # P99000002050**

1. Entity Name

**G.L. HOMES LIMITED II CORPORATION**

Principal Place of Business

**1401 UNIVERSITY DRIVE  
SUITE 200  
CORAL SPRINGS FL 33071**

Mailing Address

**1401 UNIVERSITY DRIVE  
SUITE 200  
CORAL SPRINGS FL 33071**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**65-0898342**

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

**GRANT, MARK F ESQ.  
200 EAST BROWARD BLVD., 15TH FLOOR  
FORT LAUDERDALE FL 33301**

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 re-stating)

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
	DP			<input type="checkbox"/> Delete					<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	EZRATTI, ITZHAK	1401 UNIV DR SUITE 200	CORAL SPGS FL 33071							
	VS			<input type="checkbox"/> Delete					<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	FANT, ALAN J	1401 UNIV DR SUITE 200	CORAL SPGS FL 33071							
	VT			<input type="checkbox"/> Delete					<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	COSTELLO, RICHARD A	1401 UNIV DR SUITE 200	CORAL SPGS FL 33071							
	V			<input type="checkbox"/> Delete					<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	NORWALK, RICHARD M	1401 UNIV DR SUITE 200	CORAL SPGS FL 33071							
	S			<input checked="" type="checkbox"/> Delete		S			<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
	EZRATTI, MOSHE	1401 UNIV DR SUITE 200	CORAL SPGS FL 33071			CORBAN, PAUL	1401 UNIVERSITY DRIVE, #200	CORAL SPRINGS, FL 33071		
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change	<input type="checkbox"/> Addition

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.

**RICHARD NORWALK, VICE PRESIDENT**

SIGNATURE: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/24/01

Date

954-753-1730

Daytime Phone if

CR2E034 (10/00)