

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90135 001 ***150.00

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.

City & State

Zip **Country**

4. FEI Number **65-0898342**

Applied For
Not Applicable

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

☐ **CHECK HERE IF MAKING CHANGES**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **CORAL SPRINGS FL 33071**

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
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DP** ☐ **Delete**
NAME **EZRATTI, ITZHAK**
STREET ADDRESS **1401 UNIV DR SUITE 200**
CITY-ST-ZIP **CORAL SPGS FL 33071**

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

TITLE **VAS** ☐ **Delete**
NAME **GRANT, MARK F**
STREET ADDRESS **1401 UNIV DR SUITE 200**
CITY-ST-ZIP **CORAL SPGS FL 33071**

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

TITLE **VT** ☐ **Delete**
NAME **COSTELLO, RICHARD A**
STREET ADDRESS **1401 UNIV DR SUITE 200**
CITY-ST-ZIP **CORAL SPGS FL 33071**

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

TITLE **V** ☐ **Delete**
NAME **NORWALK, RICHARD M**
STREET ADDRESS **1401 UNIV DR SUITE 200**
CITY-ST-ZIP **CORAL SPGS FL 33071**

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

TITLE **S** ☐ **Delete**
NAME **CORBAN, PAUL**
STREET ADDRESS **1401 UNIV DR SUITE 200**
CITY-ST-ZIP **CORAL SPGS FL 33071**

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

TITLE **EZRATTI, ITZHAK** ☐ **Delete**
NAME **1401 UNIV DR SUITE 200**
STREET ADDRESS **CORAL SPGS FL 33071**
CITY-ST-ZIP **VAS**

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

12. 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 10 or Block 11 if I changed, or on an attachment with an address, with all other like empowered.

SIGNATURE **RICHARD M. NORWALK, V.P.**

April 29, 2003

954.753.1730

Signature and typed or printed name of signing officer or director

Date

Daytime Phone #