

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000013769

1. Entity Name

LUXHOMES OF PALM BEACH, INC.

**FILED**  
**May 10, 2000 8:00 am**  
**Secretary of State**

05-10-2000 90132 010 \*\*\*150.00

Principal Place of Business

Mailing Address

C/O NANCY E. CROWN, P.A.  
7301 WEST PALMETTO PARK ROAD  
BOCA RATON FL 33433

C/O NANCY E. CROWN, P.A.  
7301 WEST PALMETTO PARK ROAD  
BOCA RATON FL 33433-3458

2. Principal Place of Business

3271 SW Rivers End Way  
Suite, Apt. #, etc.

3. Mailing Address

3135 SW Rivers End Way  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Palm City FL

City & State

Palm City FL

4. FEI Number

65-0896094

Applied For

Not Applicable

Zip

34990

Country

USA

Zip

34990

Country

USA

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

CROWN, NANCY E ESQ.  
7301 WEST PALMETTO PARK ROAD  
SUITE 104-B  
BOCA RATON FL 33433

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, 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 D ☐ Delete  
NAME CALDERONE, DOMENICK  
STREET ADDRESS ~~22728 EL DORADO DRIVE~~ correct address  
CITY-ST-ZIP ~~BOCA RATON FL 33433~~

TITLE ☐ Delete  
NAME 3135 SW RIVERS END WAY  
STREET ADDRESS PALM CITY, FL 34990  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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  
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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:

Dom Calderone President

4-27-2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)